Referals 5-14-19

# PUBLIC HEALTH AND SAFETY STANDING COMMITTEE

### ----

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- 10		-	

# **MAYOR'S OFFICE COORDINATORS REPORT**

OVERA	LL STATUS (p	lease c	ircle): 🗸 AP	PROVED	DENIED	N/A CANCELED
Petition #:	622	Eve	ent Name: Jazz	zin at th	e Vanity	
Event Dat	e: June 28 -	- 29, 2	2019			
Street Clo	sure: Jefferso	on Av	enue			
	ion Name: Jeff					
=	dress: 300 Riv			5250 D	etroit, MI 48	 8207
r	ate of the COMPI					
	ty Clerk's Depart					
Due date	for City Departme	ents rep	orts:			
Due date	for the Coordinat	ors Rep	ort to City Clerk:			
Event Elei	ments (check all	that app	ly):			
Walkat	thon C	arnival/0	Circus	✓ Concer	t/Performance	Run/Marathon
Bike R			Ceremony		I Ceremony	✓ Festival
Filming		arade	Γ	_	Recreation	Rally/Demonstration
			L			Kally/Demonstration
Firewo	rks C	onventio	on/Conference	Other:		
<b>√</b> 24-Hoι	ır Liquor Licens	e				
		Pet	tition Communi	cations (in	clude date/time)	
Jefferson	East, Inc. will be	e revan	nping "Jazzin o	n Jeffersor	n" to showcase	the Vanity Ballroom by
		lefferso	n Avenue betw	een Lakev	vood and Newp	port from 2:00pm - 10:00pm
each day.						
	** All porm	its and I	liconoc requirem	anta muat h	o fulfilled for an	
Date	Department	N/A	APPROVED	DENIED		approval status ** ditional Comments
					DPD 5th Preci	inct will Assist
	DPD		✓			
	DFD/				Pending Inspe	ections
	EMS		.▼			
					ROW Permit F	Required
	DPW		$\checkmark$		The state of the s	yan ww
	Health Dept.		1		Temporary	Food License Required

CITY DLERK 2005 MRY 9 PM3/14

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		$\checkmark$		Type III, Concrete Barricades & Road Closure Signage Required
	Recreation	<b>✓</b>			No Jurisdiction
	Bldg & Safety		<b>✓</b>		Permits Required for Tents, Stages & Generators
	Bus. License		<b>✓</b>		Vendors License & Liquor License Required
	Mayor's Office		<b>✓</b>		All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking		<b>✓</b>		No Parking Signs Required
	DDOT		<b>√</b>		Low Impact on Buses

# MAYOR'S OFFICE

Signature: Bethanie Lushier

Date: May 6, 2019

### DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, January 08, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT MUNICIPAL PARKING DEPARTMENT
TRANSPORTATION DEPARTMENT BUSINESS LICENSE CENTER

Jefferson East Inc., request to hold "Jazzin at the Vanity" on Jefferson between Newport and Lakewood on June 28 and 29, 2019 from 4:00 PM to 10:00 PM and 12:00 PM to 10:00 PM respectively with closures of Jefferson, Lakewood and Newport.

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Se	ction 1- GENERAL EVEN	T INFORMATION
Event Name; Jazzin at the Vanity		
Event Location: Jefferson between	Newport and Lakewood	
Is this going to be an annual event?	Yes 🗆 No	
Section 2	- ORGANIZATION/APPL	ICANT INFORMATION
Organization Name: Jefferson East,	Inc.	
Organization Mailing Address: Address	s: 300 River Pl Dr #5250, D	etroit, MI 48207
Business Phone: (313) 331-7939	Business Website: V	ww.jeffersoneast.org
Applicant Name: Mark Loeb, Consu	ultant	45-3090
Business Phone: 313 486 2666	734 216 3958 Cell Phone:	mark@integrityshows.com
Event On-Site Contact Person:		
Name: Mark Loeb		
Business Phone: 313 486 2666	Cell Phone: 734 216 3958	Email: mark@integrityshows.com
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[/] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ ] Convention/Conference	[ ] Fireworks	[ ] Other:
Projected Number of Attendees: 500 Please provide a brief description of		

Jefferson East has been producing variations of Jazzin on Jefferson for many years to celebrate the

What are the projected set-up, e	event and tear do	wn dates and times (m	ust be completed	)?
Begin Set-up Date 06/27/2019	Time: 7:00 PM	Complete Set-up Date: 0	6/28/19	Time:4:00PM
Event Start Date: 06/28/2019	Time:4:00PM	Event End Date: 06/29	/2019	Time: 10:00 PM
Begin Tearing Down Date:06/29/2	2019	Complete Tear Down Da	tc:06/29/2019	
Event Times (If more than one day, gi Friday 4pm until 10pm, Sat	ve times for each da urday Noon ur	<sup>y):</sup> ntil 10pm		
Femiliari (A. J.	Seation 2 10		LYNDALTYAN	T.
эн яв араностионно. ири	uml	CATION/SITE IN d and Newpost inc		n of Lakewood and Newport
Facilities to be use(Check) Street	et 🗸	Sidewalk 🗸	Park	City
Please attach a copy of Port-a-John, Santicipated layout of your event include		ency Medical Agreement	as well as a site pla	n which illustrates the
-Public entrance and exit -Location of merchandising booths -Location of food booths		-Location	of First Aid of fire lane I route for walk/run	
-Location of garbage receptacles -Location of beverage booths -Location of sound stages		-Location -Sketch of	of tents and canopi f street closure of bleachers	es
-Location of hand washing sinks -Location of portable restrooms		-Sketch o	of press area f proposed light pole	
You will be pro		oload these atta on 4- ENTERTAIN		on submitting this form
Describe the entertainment for this ye		JII 4" EJIVIIJKI IXI		and Francisco Tallico.
azz performances				
Will a sound system be used?	Yes 🗆 No			
f yes, what type of sound system? Pro	fessional sour	nd	- H	
Describe specific power needs for ente	rtainment and/or mu	isic:		
Generators				
fow many generators will be used? $ o$	wo	attatem atent		
How will the generators be fucled?  Arrive fueled				

Contact Person: To be determined-	Probably MAD Power
Address:	Phone:
O. 10 Pr	
Ciry/State/Zip	
Constitution destroy	Section 5- SALES INFORMATION
Will there be advanced ticket sales?	Yes No
Will there be on-site ticket sales?	Yes No
Will there be vending or sales? If yes, check all that apply:	Yes  No
[/] Food [/] Merchandise	[ Non-Alcoholic Beverages
Indicate type of items to be sold:	
Food and drink. Local businesse	es.
Section 6 DI	UBLIC SAFETY & PARKING INFORMATION
2 910/2010	determined. Probably Tricon along with Secondary Employment
Contact Person:	
Address:	Phone:
City/State/Zip;	
fumber of Private Security Personnel Hired P	Per Shift:
re the private security personnel (check all the	hat apply):

How will you advise attendees of parking options? Website, signage and advertisements.

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? More traffic and sound into the early evening. Traffic disruptions.

City/State/Zip:

□ No Have local neighborhood groups/businesses approved your event? Yes Indicate what steps you have or will take to notify them of your event: Jefferson East regularly meets with the neighborhood groups and will involve them in the planning of this project as possible. Section 8- EVENT SET-UP Complete the appropriate categories that apply to the event Structure Size/Height How Many? Booth Tents (enclosed on 3 sides) 10 - 12 10x10 to 30x60 5 Canopy (open on all sides) 20x20 2 Staging/Scaffolding Trailer mounted stages Bleachers Section 9- COMPLETE ALL THAT APPLY Emergency medical services? Contact Person: Red Cross trained volunteers Address: City/State/Zip: Name of company providing port-a-johns. Johns Sanitation Contact Person: Phone: Address: City/State/Zip: Name of private catering company? NA Contact Person: Phone: Address:

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for		
STREET NAME: Jefferson		
FROM: Lakewood	TO: Newport	
CLOSURE DATES: 06/27/2019	BEGTIME: 7:00 PM	END TIME:
REOPEN DATE: 0/6/29/2019 Midnight	TIME:	
STREET NAME: Lakewood		
FROM: Jefferson	TO: Alley	
CLOSURE DATES: 06/27/2019	BEGTIME: 7:00 PM	END TIME:
REOPEN DATE: 0/6/29/2019 Midnight	TIME:	
STREET NAME: Newport		
FROM: Jefferson	TO: Alley	_
CLOSURE DATES: 06/27/2019	BEGTIME: 7:00 PM	END TIME:
REOPEN DATE: 0/6/29/2019 Midnight	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit

11.10	allipped the financiant flore days
- 9	Mark Loeb
	THURSE STEET
	de la companya del companya del companya de la comp

01/05/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Jazzin at the Vanity	Event
Date:June 28-29, 2019	
Event Organizer: Jefferson East, Inc.	
Applicant Signature: Mark Local Date: 01/05/2019	



CANCELED

N/A

DENIED

### **MAYOR'S OFFICE COORDINATORS REPORT**

OVERALL STATUS (please circle): 

APPROVED

Petition #:	818	_ Eve	nt Name: Dem	o Day	
Event Date	: June 14, 2	2019			
Street Clos	ure: None				
_	on Name: Quic				
Street Add	ress: 1050 W	oodw	vard Detroit	, MI 482	226
	te of the COMPL				
	y Clerk's Department or City Department			nunication:	
Due date for	or the Coordinato	rs Repo	ort to City Clerk:	-	
Event Elen	nents (check all th	nat appl	y):		
Walkath	non Ca	arnival/0	Circus	Concer	t/Performance Run/Marathon
Bike Ra	ce Re	eligious	Ceremony	Political	l Ceremony Festival
Filming	Pa	arade		Sports/l	Recreation Rally/Demonstration
Firewor	ks 🗸 Co	onventio	on/Conference	Other: _	
24-Hou	r Liquor License	e			
lane and a	oans Detroit De djacent sidewal date 6 food trucl	mo Da lk will b	e closed on Eli	e at The Fi zabeth Str	clude date/time) illmore from 5:00pm - 11:00pm. The parking reet between Woodward and Park to
	** ALL _perm.	its and I	license requirem	ents must b	pe fulfilled for an approval status **
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>V</b>		Contracted with Tricon Security Group to Provide Private Security Services
	DFD/ EMS		<b>✓</b>		No Permits Required
	DPW		<b>V</b>		ROW Permit Required
	Health Dept.		<b>√</b>		Temporary Food License Requried

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		<b>✓</b>		Bike Rack Barricades Required
	Recreation	<b>V</b>			No Jurisdiction
	Bldg & Safety	<b>✓</b>			No Jurisdiction
	Bus. License		<b>V</b>		Vendors License Required
	Mayor's Office		V		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking		<b>V</b>		Purchase of Parking Meters Required
	DDOT		<b>✓</b>		No Impact on Buses

Signature:	Bethanie	Lucher	
•			

Date: <u>May</u> 8, 2019

# Demo Day - City of Detroit Special Events Application

### Our Ask

We are requesting approval to have the sidewalk closed on Elizabeth Street.

We would like advice on any additional logistical or safety concerns we should be aware of and are open to a street closure if necessary.

### Our Why?

We will be using the sidewalk space to add food trucks to the Demo Day activities. This will enhance the guest experience and will supplement the complimentary food that will be served inside the Fillmore.

### **Event Timing**

Demo Day Event: 5:00pm - 11:00pm

Pre – Party/Food Trucks Service Time: 5:00pm – 7:00pm

Requested Sidewalk Closure: 3:00pm - 8:00pm

Please note: Load in and load out times can be flexible based on what the city requires.

### **Food Truck Selection**

- Delectabowl
- El Guapo
- The Mean Weenie
- Detroit Style Pizza Company
- Detroit Mini Donut

Contracts will be finalized pending approval from the City of Detroit.

\*No liquor will be served outside of The Fillmore.

### Trash and Sanitation

All guest trash (food containers, utensils, etc.) will be taken care of by The Fillmore (per contract). Any trash created by the food trucks internally will be taken by the food trucks themselves at the end of the event.

### **Generators and Power**

If a food truck requires a generator it will be placed next to the truck. Food truck to obtain necessary generator permits (if applicable).

### Security and Barricades

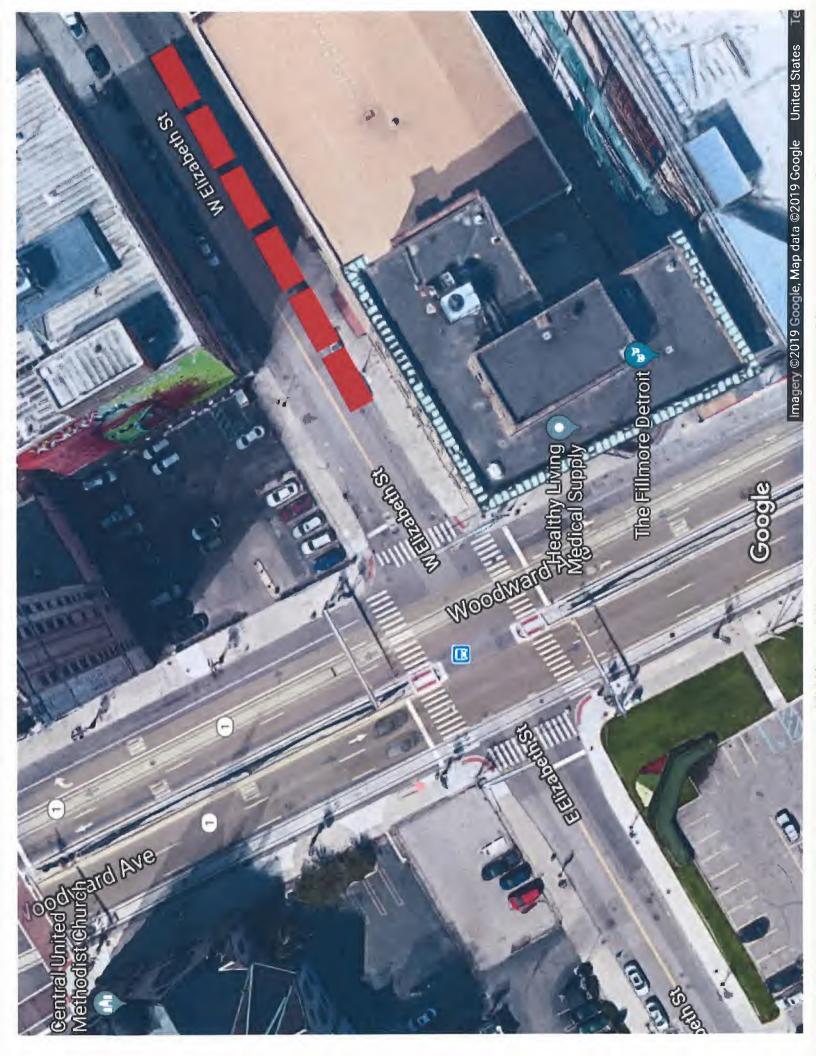
The Fillmore and Rock Security will monitor the sidewalk and food truck area.

We will use bike racks to create barricades in between and around the trucks to keep the area closed to the public.

### **Meter Permits**

The Fillmore will pull the required meter permits.







### CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 04/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this configurate does not confer rights to the certificate holder in lieu of such endorsement(s).

this certificate does not confer rights			CONTACT NAME:				
Marsh USA Inc. One Towne Square, Suite 1100			PHONE (A/C, No, Ext):		FAX (A/C, No):		
Southfield, MI 48076			E-MAIL ADDRESS:				
			INS	SURER(S) AFFOI	RDING COVERAGE		NAIC#
CN101757535CasP-18-20 QLI			INSURER A : Great Nort	hern Insurance C	ompany		20303
NSURED Quicken Loans Inc.			INSURER B : N/A				N/A
Attn: Julie Booth			INSURER C : Federal Ins	surance Company			20281
1050 Woodward Avenue			INSURER D : N/A				N/A
Detroit, MI 48226			INSURER E :				
			INSURER F:				
		NUMBER:	CHI-009166814-11		REVISION NUMBER: 6		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	СТ ТО	WHICH THIS
TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A X COMMERCIAL GENERAL LIABILITY		3602-83-97	07/31/2018	07/31/2019	EACH OCCURRENCE	\$	1,000,00
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,00
Table 1994					MED EXP (Any one person)	\$	10,00
					PERSONAL & ADV INJURY	\$	1,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:			_		GENERAL AGGREGATE	\$	2,000,00
POLICY PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,00
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea socident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
OWNED SCHEDULED					BODILY INJURY (Per accident)	\$	
AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
C X UMBRELLA LIAB X OCCUR		7987-96-91	07/31/2018	07/31/2019	EACH OCCURRENCE	\$	1,000,00
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	1,000,00
DED RETENTION\$					DCD CTÜ	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory In NH)					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	V FO (400DE	A04 Additional Remarks Sahadu	le may be attached if mor	o enaco le regule	ad)		
Evidence of Insurance	LES (ACOIL	7 101, Additional Nemarks Contous	ic, may be attached in me.		,		

City of Detroit

2 Woodward Avenue
Detroit, MI 48226

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Manashi Mukherjee Manashi Mukherjee

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### **CONFIRMATION OF SERVICES**

# HART EMS MEDICAL SERVICES, PLLC 220 BAGLEY, SUITE 912 DETROIT, MI 48226 313.366.4278 OR 313.216.1771 FAX

<b>Event:</b> Quicken Loans Demo Day	Location: Fil	lmore Theater		
Date of Service:	Start to End Time:			
June 14, 2019	5:00pm – 10:00p	m		
Services Requested By Client:		Quantity:	Location:	
Medical Provider		1	TBD	
First Aid Station		1	TBD	
Additional Procedures:				3 16 1
We will increase our compliment of service	s based on need as the event pr	ogresses.	*	
			-	

Adam Gottlieb

Hart EMS Medical Services, PLLC

4-11-2019

Date



Wednesday, March 20, 2019

Quicken Loans Inc. ("Client") and Live Nation Worldwide, Inc. ("LN") do hereby agree on the following terms, conditions and definitions (the "Agreement") with regard to Client licensing the premises described below to host Client's upcoming event:

Quicken Loans Inc. CLIENT:

1050 Woodward Avenue Detroit, MI 48226

Janelle Hamood

Telephone: (313) 782-8635 / Email: JanelleHamood@QuickenLoans.com

Demo Day ("Event") **EVENT:** 

DT05757 **EVENT NUMBER:** 

Fillmore Detroit ("Venue") **VENUE:** 

2115 Woodward Avenue Detroit, MI 48201

Alix Heinz

Telephone: (313) 230-2602 / Email: AlixHeinz@livenation.com

Entire Theatre ("Space") **LOCATION IN THE VENUE:** 

DATE AND TIME ("Term"):

June 12, 2019, June 13, 2019, June 14, 2019 Begins at 9:00 am on Wednesday, June 12, 2019 Load In: 1:00 pm to 11:00 pm on Friday, June 14, 2019 Event:

Completed by 12:00 am on Friday, June 14, 2019 Load Out:

COST/FEES/OTHER:

A minimum of \$60,000.00 ("Revenue Guarantee") Revenue Guarantee: \$59,080.00 (As more fully described in the Special Event Cost:

Event Order (the "Special Event Order") attached hereto and incorporated herein by this reference)

Estimated Guest Count:

1000 ("Estimated Guest Count")

**ADDITIONAL REQUIREMENTS:** 

3/20/2019 Agreement due by:

Certificate of Insurance due by: Seven (7) days prior to Event date

An amount equal to fifty percent (50%) of the Event Deposit ("Deposit"):

Cost due upon execution of this Agreement.

IF EVENT IS MORE THAN 90 DAYS OUT: Balance of Event Cost due

30 days prior to the Event date

IF EVENT IS LESS THAN 90 DAYS OUT:

7 days prior to the Event date

Form of payment for Deposit and Balance of

**Event Cost:** 

Payments made less than 14 days prior to the Event may be paid by cash, credit card, cashier's check, money order, ACH or wire.

Company and personal checks will not be accepted.

Payments made 14 or more days prior to the Event may be paid by cash, credit card, cashier's check, money order, ACH, wire or company checks. Personal checks will not be accepted.

Client Initials

Page 1 of 9

LN's standard terms and conditions are attached hereto as Exhibit A and incorporated herein by this reference.

Client's Designee (whom Client warrants has/have full authority to commit Client's funds and to authorize expenditures of monies on Client's behalf in connection with the Event):

Name: Janelle Hamood

Quicken Loans Inc.

Janelle Hamood representing Quicken Loans Inc.

Date: 03.20.2019

ACCEPTED AND AGREED as of the date first written above:

LIVE NATION WORLDWIDE, INC.

Alix Heinz representing LN

Date:

Client Initials

# EXHIBIT A SPECIAL EVENT AGREEMENT TERMS AND CONDITIONS

### 1. Purpose and Term.

A.LN grants to Client the privilege and license to use the Space to present the Event during the hours provided above. Client agrees to reimburse LN for any overtime wages, payments or other expenses incurred if the Event lasts longer than the agreed-upon hours. Unless otherwise agreed to in writing by LN, Client shall not sell tickets to or promote the Event to the general public.

B. If a signed copy of this Agreement and the Deposit have not been received by LN prior to the date provided above, LN shall have the right to contract with other parties for the use of the Space without further notice to Client.

#### Financial Settlement.

A.Client agrees to pay to LN the costs and charges for all necessary staffing and operational services provided by LN in connection with the Event, including, without limitation, catering, security, traffic control, entertainment, production, ushers, janitors and the room rental fees.

B.Client agrees to spend at least the Revenue Guarantee on Event room rental fees, beverage, catering and production costs. This minimum does not include any applicable taxes, administrative fee (fees for administrative overhead, documentation, preparations and proper management of the Event; such administrative fee is not, nor is it intended to be, a service charge, tip or gratuity for wait staff, service employees or service bartenders), retail, tickets, talent charges and any other charges set forth in the Special Event Order. Such amount is the Revenue Guarantee and may not be reduced and is independent of the Final Guest Count or the actual guest count.

C.The Event Cost is an initial estimate of the total cost of the Event listed in the Special Event Order, which sets forth the menu, accommodations and logistics for the Event in greater detail. The Special Event Order may be amended by the parties to reflect any changes to the Event. For purposes of this Agreement, execution of an amended Special Event Order increasing total costs associated with the Event will amend the Event Cost such that it matches the Event cost set forth in the revised Special Event Order. The Event Cost and the amounts set forth in the Special Event Order are good faith estimates of the total cost of the Event. The actual cost for the Event may increase based on Client's subsequent requirements or requests, and Client agrees to pay all such costs in excess of the Event Cost.

D. An Estimated Guest Count will be included on the first page of the Agreement. Client will provide a Final Guaranteed Guest Count to LN no later than 11:00am seven (7) days prior to the Event ("Final Guaranteed Guest Count"). If the Event Cost is based on a per guest charge, Client will be charged according to the Estimated Guest Count, the Final Guaranteed Guest Count or the actual guest count, whichever is greater. LN does not guarantee that it can accommodate food, beverages and other services for more than five percent (5%) above the Estimated Guest Count.

E. The Deposit shall be paid as provided under "Additional Requirements" in this Agreement. The balance of the Event Cost is due in a form of payment provided under "Additional Requirements" in this Agreement. All additional charges incurred for and/or during the Event are due on the night of the Event, paid by cash or a valid major credit card. Personal checks are not accepted.

F.In order to guarantee payment for balances due and any additional charges incurred during and/or for the Event, a credit card authorization form, attached hereto and incorporated herein by reference as Exhibit B, must be completed, signed and returned with this Agreement. The completed credit card form authorizes LN to process any and all outstanding balances due, including liquidated damages. Client's execution of this Agreement and the attached credit card authorization form authorizes LN to process charges set forth above against the credit card without further notice to Client. If any payment is not received by LN when due, LN may terminate the Agreement and retain the Deposit. The Deposit is refundable only in the event of a Force Majeure Occurrence as provided in Section 16.G below.

G. The parties acknowledge that it would be extremely difficult, if not impossible, to determine with certainty the damages which LN would suffer in the event of Client's cancellation due to the difficulty in re-selling the Space, and, accordingly, the parties have agreed upon the liquidated damages set forth below as fair and reasonable compensation for such damages:

Days prior to Event:	% of Revenue Guarantee	
30 Days or More	75% of the Revenue Guarantee	
0-29 Days	100% of the Revenue Guarantee	

All cancellation notices must be made in writing. The liquidated damages, less any Deposits already received, shall be paid to LN by Client within three (3) business days following Client's cancellation of the Event.

### 3. Parking. The following shall apply if parking is ordinarily available at the Venue:

A. All parking operations shall be conducted by LN's designated parking concessionaire unless otherwise agreed in writing by LN. Client's delivery arrangements that require a loading dock must be coordinated with LN forty eight (48) hours in advance of use. All proceeds of parking operations shall be retained solely by LN. Notwithstanding the foregoing, should Client elect not to charge its guests for parking, the cost for parking shall be added as a line item expense to the Special Event Order.

B. LN shall not be responsible, under any circumstances, for any loss or damage occurring to automobiles brought to the Venue by Client's employees, subcontractors or guests.

#### Concessions.

A.Unless otherwise provided in the Special Event Order, LN's designated food and beverage concessionaire ("Concessionaire") shall sell all food and beverages and retain one hundred percent (100%) of the profits therefrom. Client shall work with LN regarding all commercially reasonable food and beverage related matters, including, without limitation, requests involving the service of alcoholic beverages. If merchandise will be available for sale during the Event, LN's designated merchandise vendor shall sell the merchandise and retain a mutually agreed upon portion of merchandise revenue, net of tax, credit card processing fees and

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bootleg security.

B.No food or beverage of any kind may be brought onto the Venue without prior express written permission from LN. Client and its guests are not permitted to take any items "to go." Client expressly acknowledges that LN and the Concessionaire have the right to make reasonable substitutions on the menu when necessary to protect the health of its patrons.

C.In the event that LN permits Client to utilize a third party catering service ("Outside Caterer") to provide food services, Client

shall pay LN the Concession Buyout Fee, if applicable, and ensure that such Outside Caterer will:

i. not provide alcoholic beverages; and

- ii. indemnify and hold the LN Parties (as herein defined) and Concessionaire harmless from any claims, suits, losses, injuries, liability and damages (including reasonable attorneys' fees and court costs) (collectively, "Claims") arising in connection with the Outside Caterer's acts, omissions, negligence or services.
- 5. Booth / Commercial Space. In the event that Client desires to sell booth/commercial space ("Booth Space") at the Venue to vendors or exhibitors or otherwise permit vendors or exhibitors at the Venue in connection with the Event, Client shall comply with the following provisions:

A. Client will first obtain LN's approval of each Booth.

- B. Client will be solely responsible for causing Booths to comply with applicable law and applicable Venue rules and regulations.
- C. Client will be solely responsible for ensuring payment of any and all taxes or other fees associated with the Booths or the use of the Booth Space.

Use of LN Name / Recording Rights/ Photography.

- A. Client may use the Venue name and/or logo in printed materials or media used to announce or promote the Event; provided that Client obtains LN's prior approval in each instance.
- B. Unless Client executes the Recording Addendum, Client shall not conduct or permit any photography, film, video, audio or other recording of the Event to take place. Notwithstanding the foregoing, Client's guests may photograph and record the Event for their personal use.
- C. LN shall be permitted to photograph and record the Event (the "LN Recordings") and use the LN Recordings solely for the purpose of promoting or marketing the business of LN or its affiliates, or any properties which they respectively own, operate or manage, (i) on LN's or its affiliates' website(s), (ii) on LN's or its affiliates' social media pages (including "channels" on You Tube or any similar social media website), (iii) in LN's or its affiliates' email and text blasts, or (iv) for installation or display (including use in printed collateral) at such properties (collectively, the "LN Marketing"). LN owns all rights in and to the LN Recordings.
- D. To the extent any recording of the Event is permitted by LN (the "Client Recordings"), Client grants to LN a worldwide, unlimited, irrevocable, royalty-free and perpetual license to reproduce, display, transmit and copy those Client Recordings which have been previously broadcasted, transmitted or otherwise made available to the general public by Client (in whatever manner, format or media), solely for the purpose of LN Marketing. LN shall not edit or modify any Client Recording except that LN may "crop" or use only a selected portion of a Client Recording as may be necessary to integrate a Client Recording into LN or its affiliates' applicable promotional or marketing materials as contemplated herein. The rights granted to LN under this Agreement shall not otherwise affect Client's exclusive ownership of the Client Recordings. Solely for the purposes contemplated in this paragraph, Client agrees to make a reasonable amount or number of Client Recordings available to LN in a format requested by LN, at LN's expense, in order to permit LN to use the Client Recordings as authorized herein.
- 7. Charitable Donations. In the event that LN permits and Client obtains the right to collect charitable donations in connection with the Event, Client warrants and represents that it will comply with all applicable laws, regulations and ordinances imposed by any governmental authority in collecting said donations. Client further agrees that it will be solely responsible for all tax and other liability related to such donations.
- 8. Tickets. If Client's guests will be attending a scheduled show at the Venue, Client must purchase tickets for the show in advance. LN cannot guarantee ticket availability until tickets are purchased. All ticket purchases are non-refundable regardless of any change in guest count.
- 9. Talent and Production Fees. Client may engage LN to assist with booking talent for the Event pursuant to a separate booking agreement. If electing to book its own talent for the Event, Client will provide LN a fully signed copy of the contract and all riders, will obtain all required rights, consents and licenses necessary in connection with the performance and will pay LN a booking fee equal to ten percent (10%) of the applicable guarantee. Client agrees to indemnify and hold LN harmless for all Claims arising from such talent. A separate production fee will be charged based on the talent's rider requirements.

10. Use and Condition of Venue.

A.General Policies. LN reserves the right to exclude or eject any and all objectionable persons from the Event or the Venue without liability.

B.Acceptance of Venue. Client accepts the condition of the Venue as is and agrees to return the Venue to LN in the same condition as accepted by Client. Client has determined that the Venue is in satisfactory condition, fitness and order suitable for presentation of the Event.

C.No Alterations or Improvements. Client shall not paint, drill into or in any way mar or deface any part of the Venue. Client shall pay LN for the cost of repairing any damage to the Venue caused by the Event within three (3) business days of the Event. Client shall not make any alterations or improvements in or to the Venue without prior LN consent.

D. Abandoned Property. LN will have the full right to collect and have custody of all articles and personal property left on the Venue or at the Venue after the expiration of the Term. Any property so left will be deemed abandoned by Client and may be disposed of by LN, as LN sees fit, without any liability for any loss, damages or costs associated with such disposal, which liability will rest solely with Client.

E.PROHIBITED OBJECTS AND ACTIVITIES AT VENUE. WITHOUT THE PRIOR WRITTEN CONSENT OF LN, THE FOLLOWING ARE NOT PERMITTED IN THE VENUE OR THE SURROUNDING PROPERTY AT ANY TIME: OUTSIDE ALCOHOLIC BEVERAGES; DRONES; INTERACTIVE PHYSICAL GAMES AND ATTRACTIONS; MECHANICAL RIDES; ONSITE BODY ART AND PIERCING; EXOTIC ANIMALS; AND PYROTECHNICS

11. Representations, Warranties and Covenants.

A.LN hereby represents and warrants that it has full power and authority to enter into this Agreement and to engage in the transaction contemplated hereby and that this Agreement is a valid obligation of LN and is binding upon LN.

B.Client hereby represents and warrants that it has full power and authority to enter into this Agreement and to engage in the transaction contemplated hereby and that this Agreement is a valid obligation of the Client and is binding upon the Client.

C.During the Term, Client shall obey and comply with all applicable laws, ordinances, rules and regulations of all governmental authorities in connection with the Event. Client will be responsible for obtaining and paying for all licenses or permits necessary for holding the Event, including, but not limited to, tax requirements and any permits required by governmental authorities for pyrotechnics or laser use.

12. Indemnification.

A. In addition to any other indemnification requirements set forth herein, Client agrees to indemnify, defend and hold LN (and its landlord(s), if any), and their respective parents, members, partners, affiliates, divisions and subsidiaries, and their respective officers, directors, shareholders, employees, agents and representatives (collectively, "LN Parties") harmless from and against any and all Claims arising or alleged to have arisen out of: (i) the negligence or willful misconduct of Client or its employees, agents, volunteers, contractors, patrons, guests, invitees, participants and performing artists involved in the event; (ii) the presentation or performance of the Event; and/or (iii) Client's breach of any provision of this Agreement. The parties agree, however, that Client shall not be obligated to defend or indemnify a LN Party for any Claims that arise out of such LN Party's gross negligence or willful misconduct.

B. Client agrees to use and occupy the venue and to place material, equipment and other property therein at its own risk and releases the LN parties from all claims for any damage or injury arising therefrom.

C. The indemnification provisions contained throughout this Agreement shall survive the termination of this Agreement.

D.Client will be solely responsible for the conduct and activities of Client's employees, agents, contractors, guests and invitees and, for purposes of this Agreement, such conduct and activities shall be deemed conduct and activities of Client.

E. Neither party will, under any circumstances, be liable for any incidental, punitive, exemplary, speculative or any consequential damages arising out of the services provided under this Agreement; provided that the foregoing shall not be construed to cover any third party Claim with respect to which a party has committed to indemnify the other party herein.

13. Insurance Requirements. Client will maintain and pay all premium costs for, and will ensure that all contractors of Client maintain and pay for, insurance the coverages in amounts not less than specified throughout the duration of the Term as set forth in Exhibit C attached hereto and incorporated herein by reference. If a compliant certificate of insurance is not received by LN when due, LN may terminate the Agreement and retain the Deposit.

14. Sponsorships and Signage.

A.Client understands and agrees that LN has entered into signage and sponsorship relationships related to the Venue for which LN will retain all proceeds. LN reserves all rights to display signage at, on or near the Venue property. No signs or advertising boards, other than those authorized by LN, will be allowed into, on or near the Venue. Client will not mark, cover or attempt to modify any signage at, on or near the Venue.

B.Client is required to obtain LN's prior written approval of any sponsorship relationships into which Client desires to enter for the Event.

15. Alcoholic Beverage Service. LN strictly complies with all regulations relating to the sale, service and consumption of alcoholic beverages. All LN staff are trained on, and LN requires all guests adhere to, the following principles:

A. In accordance with state laws, LN does not serve alcohol to minors under any circumstances, nor does LN allow persons who appear to be intoxicated to enter the Venue. Prior to service, guests must present current federal/state identification as proof of age.

B.LN does not permit outside alcohol to be brought into the Venue. Any guest caught bringing outside alcohol into the Venue or in possession of outside alcohol will be ejected from the Venue and prohibited from re-entry. If underage, a Security Officer will remain with the guest until a school official/parent/chaperone is able to escort the guest safely home. LN does not sell or serve alcoholic beverages to anyone who is, or appears to be, intoxicated.

C.LN does not knowingly allow individuals to become intoxicated at the Venue (whether they are consuming alcohol purchased at the Venue or outside alcohol brought into the Venue).

D.LN does not permit any individual to leave the Venue with alcohol, opened or unopened.

E.LN does not permit firearms, weapons or illegal drugs in the Venue.

Miscellaneous.

A. Third Party Beneficiaries. This Agreement does not confer any rights or benefits upon any persons or entities other than LN and Client and their permitted, respective successors and assigns.

B. Relationship of the Parties. Nothing contained in this Agreement will be deemed to constitute LN and Client as partners or joint venturers. Each party acknowledges and agrees that it neither has nor will give the appearance or impression of having any legal authority to bind or commit the other party in any way.

C. Entire Agreement and Modification. This Agreement and the Special Event Order contain the entire agreement between the parties relating to the subject matter hereof and all prior agreements related hereto which are not contained herein are terminated. This Agreement may not be amended, revised or terminated except by a written instrument executed by the party against which enforcement of the amendment, revision or termination is asserted. The parties acknowledge and agree that, when fully signed, the Special Event Order will expressly amend, modify and supersede the Event Cost.

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D.Applicable Law. This Agreement shall be governed by and construed in accordance with the laws of the state in which the Venue is located, without giving effect to its choice of law principles.

E. Use by LN. It is specifically agreed and understood that LN has the right to occupy and use the Venue during the Term and to license any portion thereof, provided that such use or license does not materially interfere with Client's use of the Venue.

F. Utilities. No interruption or malfunction of any utility services, whether such services are provided by LN or arranged for by Client, shall (i) constitute an eviction or disturbance of Client's use and possession of the Venue or a breach by LN of any obligations hereunder, (ii) render LN liable for damages or (iii) entitle Client to be relieved of any obligations hereunder. In the event of any such interruption of service provided by LN, LN is obligated to use reasonable diligence to restore such service.

G.Force Majeure. The failure of any party hereto to comply with the terms and conditions hereof because of a "Force Majeure Occurrence" shall not be deemed a breach of this Agreement. "Force Majeure Occurrence" shall be defined to include, without limitation, Acts of God, strike, labor disputes, war, fire, earthquake, serious weather anomalies such as hurricane, tornado, cyclone, typhoon, blizzard, tidal wave, tsunami or flood, acts of public enemies, acts of terrorism, epidemic, action of federal, state or local governmental authorities or an event or reason beyond the reasonable control of a party that makes performance impossible or impracticable. In the event of a cancellation of the Event due to a Force Majeure Occurrence, each party shall be relieved of its obligations hereunder with respect to the performance so prevented. In such event neither party shall have a claim against the other party except that Client shall be responsible for bearing the cost of any unrecovered expenses actually incurred prior to such cancellation. LN shall refund Deposits received from Client applicable to the performance so prevented to the extent they are greater than unrecovered expenses.

H.Taxes. Any and all sales tax, entertainment tax or other tax imposed by local, state, provincial or federal government as a result of the presentation of the Event and/or performance of any services rendered by LN in connection with this Agreement hereunder, shall be the responsibility of and paid for by Client at the time required by law (excepting any state or federal income tax imposed on LN). If Client is tax exempt, Client must provide a copy of Client's tax exemption certificate issued by the state in which the Venue is located to LN upon execution of this Agreement.

I. Waiver and Invalidity. If either party fails to enforce any of the provisions of this Agreement or any rights or fails to exercise any election provided in this Agreement, it will not be considered to be a waiver of those provisions, rights or elections or in any way affect the validity of this Agreement. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of this Agreement will remain in full force and effect and will in no way be affected, impaired or invalidated.

J. Prevailing Party. If either party institutes an action or proceeding against the other to enforce the terms of this Agreement, then the prevailing party in such action or proceeding will be entitled to recover from the other party the reasonable attorneys' fees and costs incurred therein.

K. Notices. All notices given hereunder shall be in writing and shall be deemed to have been duly given if delivered personally with receipt acknowledged or sent by registered or certified mail or equivalent, if available, return receipt requested, or by email (which shall be confirmed by a writing sent by registered or certified mail or equivalent on the same day that such email is sent), or by nationally recognized overnight courier for next day delivery, addressed or sent to the parties at the addresses set forth herein with a copy to Live Nation Worldwide, Inc., 7060 Hollywood Blvd., Hollywood, California 90028, Attn: Senior Counsel, Legal Operations, legalhob@livenation.com.

L. Counterparts. This Agreement may be executed by facsimile and PDF and in any number of counterparts, and each of such counterparts shall be deemed an original.

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Client	Initials

# EXHIBIT B SPECIAL EVENT AGREEMENT CREDIT CARD AUTHORIZATION FORM

This form must be filled out completely

CLIENT: Quicken Loans Inc. EVENT NAME: Demo Day EVENT DATE: Friday, June 14, 2019 EVENT NUMBER: DT05757

The following states that		(name as it appears on the credit
card) authorizes LN to charge the atta	ched credit card.	
Indicate the Type of Credit Card:  ☐ AMEX ☐ Visa ☐ MasterCard ☐ Discover		
Credit Card Number:		_
Expiration Date:	Security Code:	
	or the Event on Friday, June 14, 2019 (Date)	
Name of Card Holder:(Please print clear	arly)	
Signature of Card Holder:	(Signature must match name of card holder)	
Card Holder's Phone Number:		
Credit Card Billing Address:		
City:	State: Zip:	

At time of execution of the Agreement, this credit card authorization must be on file with a valid credit card. If the estimated balance is not received when due as provided in the Agreement, LN may charge this credit card for the estimated balance. This credit card will also serve as a payment guarantee for all other outstanding amounts due per the Agreement, including liquidated damages and all additional charges incurred during and/or for the Event. Client's execution of the Agreement and this credit card authorization form authorizes LN to process charges set forth above against the credit card without further notice to Client.

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# **EXHIBIT C**INSURANCE REQUIREMENTS

# CORPORATE CLIENT, WITH MORE THAN 250 GUESTS AND/OR PRODUCTION IN EXCESS OF HOUSE SOUND AND LIGHTS:

A. Statutory Workers' Compensation including Employer's Liability Insurance, subject to a limit of not less than One Million Dollars (\$1,000,000.00), affording coverage under applicable worker's compensation laws. Client will cause, if allowed by law, its workers' compensation carrier to waive insurer's right of subrogation with respect to the LN Parties.

B. Commercial General Liability insurance subject to limits of not less than Five Million Dollars (\$5,000,000.00) per occurrence (primary and umbrella total) for any bodily injury and/ or property damage claims, personal and advertising injury or products and

completed operations liability.

C. If Client will bring one or more vehicles onto the Venue premise, Automobile Liability Insurance subject to a limit of not less than One Million Dollars (\$1,000,000.00), combined and covering all owned, non-owned and hired vehicles. Policies B and C above shall list Live Nation Worldwide, Inc. (and its landlords, if any), and their respective parents, members, partners, affiliates, divisions and subsidiaries, and their respective officers, directors, shareholders, employees, agents and representatives as

"Additional Insureds" with respect to any and all claims arising from Client's operations.

At least seven (7) days prior to the Event date, Client shall provide LN Certificate(s) of Insurance compliant with the aforementioned required endorsements. The certificate holder shall be Live Nation Worldwide, Inc. and the Additional Insured language shall be exactly as described above. Such coverage shall be primary and not contributory to any insurance maintained by LN and contain a waiver of subrogation in favor of LN. All required insurance will be placed with carriers licensed to do business in the applicable state, have a rating in the most current edition of A.M. Best's Property Casualty Key Rating Guide of A-VII or better and will provide thirty (30) days written notice of cancellation or non-renewal. Failure of Client to provide the requested certificates, or failure of LN to specifically request such certificates, shall not limit or release Client of its obligations or liabilities hereunder. Policy B above may not be written on a 1996 or earlier ISO General Liability coverage form. Please see the sample Description of Operations and Certificate Holder sections of a compliant Certificate of Insurance below for guidance.

DESCRIPTION OF DESCRIBIONS (OCATIONS (VEHICLES FEXCLUSIONS ADDED BY ENDORSEMENT (SPECIAL PROVISIONS)

Live Nation Worlthwide, Inc. and its landlord or licensor, if applicable, and each of their parents, partners, affiliates, subsidiaries, successors and assigns (collectively, the "L.N. Parties") and their respective officers, directors, shareholders, employees, agents and representatives are Primary and Non-contributory Additional Insureds as respects to the operations of the Named insured, its agents, employees, representatives and contractors but only with respect to liability that across our of the acts or omissions of the named insured; and of any other person or organization for whose act or omissions the named insured to insure per written contract, but only to the extent of the liability assumed under such contract. Cross liability is included in General Liability. Waiver of subtraction applies to all coverages.

# CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE ACORD 25 (2010/05) CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

In lieu of providing evidence of the policies listed above, Client may purchase a policy through the Venue's Tenant User Liability Insurance Program (TULIP).

The insurance obligations stated in this section are independent of, and shall not be affected by the scope or validity of, any other indemnity or insurance provisions in other sections of this Agreement.

Client will ensure that all of its contractors (including, without limitation, sponsors, Booth Vendors and Outside Caterers arranged by Client) who will be entering the Venue to engage in any business activity (including, without limitation, sampling, distributing, vending or other commercial activity) will maintain the following insurance coverages: (i) Statutory Workers Compensation, including employer's liability, to the extent required by applicable law; (ii) Commercial General Liability with a combined single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence; and (iii) if contractor will bring one or more vehicles onto the Venue premise, Business Automobile Liability for all owned, hired or non-owned vehicles to be driven onto the Venue, with a combined single limit of not less than One Million Dollars (\$1,000,000.00). Satisfactory evidence of coverage must be provided to LN upon request. LN reserves the right to require higher insurance limits and require that the contractor name LN as an Additional Insured depending on the nature of services being provided by the contractor.

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### RECORDING ADDENDUM

This Recording Addendum (this "Addendum") supplements the Special Event Agreement (the "Agreement") dated Wednesday, March 20, 2019 by and between Quicken Loans Inc. ("Client") and Live Nation Worldwide, Inc. ("LN").

- 1. All capitalized terms used but not defined in this Addendum shall have the same meanings set forth in the Agreement.
- 2. License. LN hereby grants Client the right to enter into the Venue on the Event date to film, photograph, record, broadcast and/or transmit the Event (collectively, "Record" or "Recording"). Client may Record solely in locations approved by Venue staff. Client may not use additional lighting without the approval of Venue staff. Client may not digitally manipulate or otherwise alter the image of the Venue without the prior written consent of LN. Client must work with a Venue coordinator in preparing and undertaking the planning, logistics and execution of Recording and to abide by all reasonable recommendations and requirements of the coordinator.

  3. Clearances and Equipment.
- A. Client will be responsible for obtaining and paying all required rights and clearances that may be necessary in connection with Recording the Event, including without limitation releases from the artists and musicians, and licenses from applicable publishers, record labels, public performance organizations and any other third party rights holders.
- B. Client will be responsible for all costs associated with Recording, including without limitation equipment, set-up/load-in, security, office space and equipment, catering and supplemental labor. LN may require payment in advance of Recording at its discretion and will provide Client with an estimate of such costs when possible.
- 4. Ownership. Subject to the following, Client and its assigns will own all rights in and to the footage and other material resulting from Recording the Event ("Material").

A.Client may use the Material for non-commercial archival and editorial purposes. Client will have no right to use the Material in whole or in part for any commercial purpose without the written consent of LN and the performing artist(s), where applicable. A commercial purpose includes without limitation the license or sale of the Material in any media now known or hereafter created, and the use of the Material for advertising or promoting the Event or Client and its assigns.

B.Upon payment of the Origination Fee and any union fees described below, Client may use the Material for a commercial purpose throughout the universe, in perpetuity, in any manner and in any media, whether now known or later created.

- 5. Union Fees. Client will be responsible for any and all fees due to Venue staff as may be required under Venue's collective bargaining agreements for Recording the Event. LN may require payment of such fees in advance of the Recording at its discretion and will provide Client with an estimate of the fees when possible. If Client and its assignees subsequently choose to exploit the Material for a commercial purpose as described above, Client must pay additional fees to LN to cover required fees due to Venue staff.
- 6. LN Properties. Client will not use any LN or Venue names, marks or other properties owned by LN or its affiliated companies or sponsors (collectively "Properties") in connection with the Material without the express written consent by LN. Notwithstanding the foregoing, Client may include Properties in the Material solely as they may appear on signs on display at the Venue at the time of Recording; provided that to the extent any signs display third party trademarks, Client will either (1) obtain the necessary consent from the third party to include its trademarks in the Material, or (2) blur the trademarks within the Material so that they are not distinguishable. LN and Venue will be credited in any broadcast or other publication of the Recording as follows: "Recorded at Fillmore Detroit by permission of Live Nation Worldwide, Inc.".
- 7. No Disparaging Remarks. Client represents, warrants and covenants that the Material and the exploitation of the Material will not include any disparaging remarks, comments or actions about or toward the Venue or the LN Parties.
- 8. Insurance. If the Recording is being used for non-editorial commercial purposes, in addition to any other insurance requirements set forth herein, Client shall maintain appropriate Errors and Omissions coverage ("E & O Coverage") applicable to the Recording with limits of not less than One Million Dollars (\$1,000,000.00). Such E & O Coverage shall have standard coverage, including, but not limited to, defamation, infringement of copyright, infringement of rights in material to be broadcast or in the manner of presentation thereof, invasion of privacy rights and unauthorized use of material.
- 9. Grant of License. Client grants to LN a worldwide, unlimited, irrevocable, royalty-free and perpetual license to reproduce, display, transmit and copy only those Recordings which have been previously broadcasted, transmitted or otherwise made available to the general public by Client or its designee(s) (in whatever manner, format or media), solely for the purpose of LN Marketing. LN shall not edit or modify any Recording except that LN may "crop" or use only a selected portion of a Recording as may be necessary to integrate a Recording into LN or its affiliates' applicable promotional or marketing materials solely as contemplated herein. The rights granted to LN under this Agreement shall not otherwise affect Client's exclusive ownership of the Recordings. Solely for the purposes contemplated in this paragraph, Client agrees to make a copy of the Recordings available to LN, at LN's expense, in order to permit LN to use the Recordings as authorized herein.

ACCEPTED AND AGREED

Janelle Hamood representing Quicken Loa	ns Inc.	
Date:		
LIVE NATION WORLDWIDE, INC.		
Alix Heinz representing LN		
Date:		
Page 9 of 9	Recording Addendum-1	Client Initials

# City of Metroit

Janice M. Winfrey
City Clerk

OFFICE OF THE CITY CLERK

Caven West
Deputy City Clerk/Chief of Staff

### DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE BUSINESS LICENSE CENTER
POLICE DEPARTMENT FIRE DEPARTMENT

DPW - CITY ENGINEERING DIVISION BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

Quicken Loans Community Fund, request permission to hold "Demo Day" at The Filmore on 6/14/19 from 5PM - 11PM, Set-up on 6/12/19 - 6/14/19 at 9AM to 5PM, Year down on 6/14/19 after event, Street closure on Elizabeth Street, from Woodward to Park Ave.

# **City of Detroit Special Events Application**

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Sec	ction 1- GENERAL EVENT	INFORMATION
Event Name: Demo Day		
Event Location: The Fillmore		
Is this going to be an annual event?	Yes No	
	- ORGANIZATION/APPLI	CANT INFORMATION
Organization Name: Quicken Loans	Community Fund	
Organization Mailing Address: 1050 W	oodward - Detroit, MI 48226	
Business Phone: (313) 782-9554	Business Website: W	ww.quickenloans.org
Applicant Name: Lauren Bigelow		
Business Phone: (734) 678-5161	Cell Phone: (734) 678-5161	laurenbigelow@rockventures.com
<b>Event On-Site Contact Person:</b>		
Name: Lynsey Moore		
Business Phone: (313) 782-8339	Cell Phone: (517) 719-9700	Email: lynseymoore@quickenloans.com
Event Elements (check all that apply)		
[ ] Walkathon	[ ] Carnival/Circus	Concert/Performance
[ ] Run/Marathon	[ ] Bike Race	[ ] Religious Ceremony
[ ] Political Event	[ ] Festival	[ ] Filming
[ ] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
[ Convention/Conference	[ ] Fireworks	Other:
Projected Number of Attendees: 200	00	
Please provide a brief description of From hundreds of applicants, I Loans Detroit Demo Day.		ected to pitch their company live at Quicken
The finalist companies include ventures.	new startups, existing smal	l businesses, and nationally expanding

Begin Set-up Date 06/12/2019	Time:9:00am	Complete Set-up Date:	06/14/2019	Time:5:00pm
Event Start Date:06/14/2019	Time5:00pm	Event End Date: 06/1	4/2019	Time:11:00pm
Begin Tearing Down Date:06/14/2	2019	Complete Tear Down I	Date:06/14/2019	
event Times (If more than one day, gi :00pm-11:00pm	ve times for each da	ay):		
ocation of Event: The Fillmore	Section 3- LO	CATION/SITE II	NFORMATIO	N
	et 🗸	Sidewalk 🗸	Park	City
Please attach a copy of Port-a-John, S anticipated layout of your event inclu		gency Medical Agreeme	nts as well as a site p	lan which illustrates the
Public entrance and exit			on of First Aid	
Location of merchandising booths  Location of food booths			on of fire lane sed route for walk/ru	n
Location of garbage receptacles		-Locati	on of tents and canor	
Location of beverage booths  Location of sound stages			of street closure on of bleachers	
Location of hand washing sinks		-Locati	on of press area	
Location of portable restrooms			of proposed light po	
You will be pro				pon submitting this form
	Secti	on 4- ENTERTA	INMENT	
Describe the entertainment for this ye	ear's event:			
The night concludes with a	live musical p	erformance from	a top national	artist.
/ill a sound system be used?	Yes No			
yes, what type of sound system? Th	e Fillmore - Ho	ouse Sound	_	
escribe specific power needs for ent	ertainment and/or m	nusic:		
he Fillmore will provide all	power for ente	ertainment. Food	trucks will not	need to use generator powe
Now many generators will be used?	N/A			

Name of vendor providing generators:		
Contact Person: N/A		
Address:		Phone:
City/State/Zip		
	Section 5- SALES INFO	ORMATION
Will there be advanced ticket sales?	Yes No	
Will there be on-site ticket sales?	Yes No	
Will there be vending or sales? If yes, check all that apply:	Yes 🗆 No	
Food [ ] Merchandise	Non-Alcoholic Beverages	Alcoholic Beverages
indicate type of items to be sold:		
Food and beverage.		
c e e n	Chile CAPETY & DAD	KING INEODMATION
Section 6- Polyame of Private Security Company:Tricon	UBLIC SAFETY & PARI Security Group	KING INFORMATION
Contact Person: Michael Whittaker		
Address:6800 Roosevelt Ave #726		Phone:(c)734-323-1679 (o)248-356-
radiciss.0000 11005CVCIC/TVC II 720		(2),513233757575
City/State/Zip: llen. MI 48101		
lumber of Private Security Personnel Hired I	Per Shift:	
re the private security personnel (check all t	hat apply):	
[ ] Licensed	[ ] Armed	[ ] Bonded

How will you advise attendees of parking options? We are not providing parking to attendees.

### Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? N/A

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event: We have a signed contract with The Fillmore - See attached.

### **Section 8- EVENT SET-UP**

Complete the appropriate categories that apply to the event Structure

0

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides) 0

Canopy (open on all sides)

Staging/Scaffolding 0

Bleachers

### Section 9- COMPLETE ALL THAT APPLY

Emergency	medica	services?	
-----------	--------	-----------	--

Contact Person: Josh Alger

Address: 220 Bagley Ste 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns. N/A

Contact Person:

Address:

City/State/Zip:

Phone:

Name of private catering company? N/A

Contact Person:

Address:

Phone:

City/State/Zip:

### SPECIAL USE REQUESTS

Attach a map or sketch of the proposed area for closure.

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

STREET NAME: Elizabeth Stre	eet	
	TO: Park Ave	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:		
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TTME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

### PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

We are looking to get approval to close the sidewalk on Elizabeth Street. We will be placing 5-6 food trucks in the metered spots on the street.

We are waiting for confirmation from the following food trucks:

- Chick A Dee
- Delectabowl
- Mac Shack
- The Mean Weenie
- Dinky Donut

Please see the following attachments:

- Contract with The Fillmore
- Map of Food Truck Location
- EMS Proof of Service

### **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit

Signature of Applicant	Date	
Lauren Bigelon	04/12/2019	
the City of Detroit.		

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Demo Da	ау	Event
Date: 06/14/2019		
Event Organizer: Quicken Community F	und	
Applicant Signature:_ Date: 04/12/2019	etingendigin die geführenbeite nur Lauren Bigelow 4 mg. nit Best für die der der sog 7 der 4 dans 27 de	



## **MAYOR'S OFFICE COORDINATORS REPORT**

OVERALL STATUS (please circle):   APPROVED DENIED N/A CANCELED					
Petition #:	Petition #: 661 Event Name; Baroudeur				
	Event Date: August 17, 2019				
	<sub>sure:</sub> None				
	on Name: Way	ne St	ate Univers	sity	
	ress: 5700 C				48202
	te of the COMPL				
Date of Cit	y Clerk's Departr	nental F	Reference Comm		
-	or City Departme				
	or the Coordinato	· ·			
Event Elen	nents (check all t	hat appl	y):		
Walkath	non C	arnival/0	Circus	Concer	t/Performance Run/Marathon
<b>√</b> Bike Ra	✓ Bike Race Religious Ceremony Political Ceremony Festival				
Filming	Filming Parade Sports/Recreation Rally/Demonstration				
Firewor	ks C	onventic	on/Conference [	✓ Other:	Post Ride Lunch on WSU Campus
	r Liquor Licens		L	-	
<b>▼</b> 24-⊓ou	r Liquor Licens	E			
	-	Pet	ition Communic	cations (inc	clude date/time)
Non - com	petitive cycling				·
Non - competitive cycling event from 7:00am - 6:00pm starting/ending at Wayne State University - Gullen Mall with four separate routes throughout Detroit and Grosse Pointe; with after race party at					
Gullen Mail.					
** ALL_permits and license requirements must be fulfilled for an approval status **					
Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD		<b>✓</b>		DPD Assisted Events; Contracted with WSUPD to Provide Private Security Services
	DFD/ EMS		<b>✓</b>		Contracted with Hart Medical to Provide Private EMS Services
	DPW		<b>V</b>		DPD Assisted Event; No Permits Required
	Health Dept.		<b>√</b>		No Permits Required

CITY SLEW 2019 ASY 9 FM3:11

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED		$\checkmark$		DPD Assisted Event; No Barricades Required
	Recreation		$\checkmark$		Application Received & Approved as Presented
	Bldg & Safety	<b>✓</b>			No Jurisdiction
	Bus. License	<b>✓</b>			No Jurisdiction
	Mayor's Office		<b>V</b>		All Necessary permits must be obtained prior to event. If permits are not obtained departments can enforce closure of event
	Municipal Parking		<b>√</b>		No Parking Signs Required
	DDOT		<b>✓</b>		Low Impact on Buses

12	1	
Signature: Wetharie	Lucher	

Date: 47) ay 8, 2019

Janice M. Winfrey City Clerk

Caven West Deputy City Clerk/Chief of Staff

# DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, February 07, 2019

To:

The Department or Commission Listed Below

From:

Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

> MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION FIRE DEPARTMENT **BUILDINGS SAFETY ENGINEERING** POLICE DEPARTMENT **BUSINESS LICENSE CENTER**

Wayne State University, request to hold "Baroudeur" at the City of Detroit 661 (along various public rights of way) on 8/17/19 from 7am - 5pm, Set-up on 8/16 at 9 am til 8/17 at 7am, Tear on 8-17-19

# (de (

# City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

	ection 1- GENERAL EVEN	ST INFORMATION
Event Name: The Baroudeur		
Event Location: City of Detroit (alor	ng various public rights of way)	
Is this going to be an annual event?	Yes No	
Section	2- ORGANIZATION/APP	ACANT INFORMATION
Organization Name: Wayne State	University	
Organization Mailing Address: 5700	Cass Ave., Suite 3100, Detroit,	MI 48202
Business Phone:	Business Website:	wayne.edu
Applicant Name: Matt Lockwood		
Business Phone: 313-577-9098	Cell Phone: 248-622-8060	Email: mlockwood@wayne.edu
Event On-Site Contact Person:  Name: Matt Lockwood		
Business Phone: 313-577-9098	Cell Phone: 248-622-8060	Email: mlockwood@wayne.edu
Event Elements (check all that apply)		
] Walkathon	[ ] Carnival/Circus	[ ] Concert/Performance
] Run/Marathon	(X) Bike Race	[ ] Religious Ceremony
] Political Event	[ ] Festival	[ ] Filming
] Parade	[ ] Sports/Recreation	[ ] Rally/Demonstration
] Convention/Conference	[ ] Fireworks	X] Other: Post-ride lunch on WSU campus
Projected Number of Attendees: 80	0-1000	
lease provide a brief description o		•
he Baroudeur is a noncom	petitive cycling event that o	gives riders of varying abilities the opportunity
o explore Detroit and its sur	rounding areas. The event	raises money for students in need.

Begin Set-up Date : August 18, 2019	Time: 9 a.m.	Complete Set-up Date: August 17, 2019		me: a.m.
Event Start Date:	Time:	Event End Date:		me:
August 17, 2019	7 a.m.	August 17, 2019	5	p.m.
Begin Tearing Down Date: A	ıgust 17, 2019	Complete Tear Down Date	:: Auguet 17, 2019	
Event Times (If more than one	day, give times for ea	ach day):		
ocation of Event:	Section 3-	LOCATION/SITE INF	ORMATION	
Facilities to be used (circle):	Street	Sidewalk	Park	City
•		Emergency Medical Agreements a ring:	s well as a site plan whic	ch illustrates the
Public entrance and exit		-Location o		
Location of merchandising boo	oths	-Location o		
Location of food booths  Location of garbage receptacle	ae .		oute for walk/run If tents and canopics	
Location of beverage booths			street closure	
Location of sound stages		-Location o		
Location of hand washing sink Location of portable restrooms		-Location o -Sketch of p	r press area proposed light pole bann	ers
·				
	t	ection 4- ENTERTAINA	HENT	A Valvery by
Describe the entertainment for	this year's event:			
All entertainment to be pres	ented on Wayne St	ate's main campus.		
un an		- Compute boundary		
Vill a sound system be used?	□ Yes ☑	No		
yes, what type of sound system	m2			
yes, what type of sound system	" No sound syste	m to be employed outside of W	/ayne State's campus	i di principio
就是\$P\$AP\$AP\$AP\$AP\$AP\$AP\$AP\$AP\$AP\$AP\$AP\$AP\$A	Secti	ion 5- SALES INFORM	ATION	
		No wayne odu Pricing \$65 base price thr		- July 19, \$85 July 20 - Aug. 14.
Vill there be advanced ticket sal f yes, please describe: Registratio		Registration closes at 11:59 p	p.m. on Aug. 14	
yes, please describe: Registratio	? 🛘 Yes	☑ No		
	? 🔲 Yes		·	

3. 1

ndicate type of items to be sold:				
Will there be food trucks? If yes, please list how many:	☐ Yes	☑ No		
Will there be a charge for parking I yes, please describe the amount:		☑ No		
How will you advise attendees of p	arking options?	Altendees will use Wayne S	tale parking structures, free	of charge,
Section	on 6- PUBI	AC SAFFTY & PA	RKING INFOR	MATION
Police Department				
ame of Frivate Security Company:	Detroit Police Dep	pariment (DPD), Wayne State t	Iniversity Police Departmen	(WSUPD)
Contact Person: Anthony Hoh, WSUP	D			
Address: 8050 Cass Avenue			Phone: 313-	577-2062
City/State/Zip; Detroit, MI 48202				
police personnel	of Hined Per Sh	ift: Number of officers dispatched	d at the discretion of WSUPD Ch	lef,
· · · · · · · · · · · · · · · · · · ·		A CONTRACTOR OF THE CONTRACTOR	and the same discussion of	
re the private security personnel (c	heck all that ap	ply):		
re the private security personnel (c	•	ply): [X] Armed	(X) Bonded	
[X] License	d	[X] Armed		UNFORMATION
Section 7- CO How will your event impact the sa	d  MMUNIC	[X] Armed  ATTON & COMN  munity (i.e. pedestrian tra)	UNITY IMPACT	
Section 7- CO How will your event impact the sa	MNUNIC	[X] Armed  THON & COMM  munity (i.e. pedestrian training in the limpact on pedestrian in	UNITY INTPACT fic, sound carryover, sal	fety)? Ic. as the event start/finish takes place
[X] License  Section 7- CC  How will your event impact the su  Beyond use of streets. The Barou	MMUNIC arrounding com ideur will have li ers will be on th	[X] Armed  XHON & COMM  munity (i.e. pedestrian tral little impact on pedestrian in a routes, with public safety	UNITY INTPACT fic, sound carryover, sal	fety)? Ic. as the event start/finish takes place
Section 7- CO  How will your event impact the st Beyond use of streets. The Baron  Wayne State's main campus. Rid  Have local neighborhood groups/t	omnunte prounding com ideur will have it ers will be on the pusinesses appro-	[X] Armed  ATHON & COMM  munity (i.e. pedestrian tral  ittle impact on pedestrian in a routes, with public safety  oved your event?	Fic, sound carryover, sal	fety)? Ic. as the event start/finish takes place ughly 2 p.m.
Section 7- CO  How will your event impact the st Beyond use of streets. The Baron  Wayne State's main campus. Rid  Have local neighborhood groups/t	omnunte arrounding com ideur will have it ers will be on the ousinesses appro-	[X] Armed  ATHON & COMM  munity (i.e. pedestrian tra- little impact on pedestrian in e routes, with public safety oved your event?  them of your event; Vario	Fic, sound carryover, sal affic, sound carryover, et escort, from 7 a.m. to ro  Yes us communities will be r	fety)?  Ic. as the event start/finish takes place  ughly 2 p.m.  No  notified of our event via US Mail. We w
Section 7- CC  How will your event impact the st Beyond use of streets. The Barot  Wayne State's main campus. Rid  Have local neighborhood groups/t  Indicate what steps you have or will	omnunte arrounding com ideur will have it ers will be on the ousinesses appro-	[X] Armed  ATHON & COMM  munity (i.e. pedestrian tra- little impact on pedestrian in e routes, with public safety oved your event?  them of your event; Vario	Fic, sound carryover, sal affic, sound carryover, et escort, from 7 a.m. to ro  Yes us communities will be r	fety)?  Ic. as the event start/finish takes place  ughly 2 p.m.  No  notified of our event via US Mail. We w
[X] License  Section 7- CC  How will your event impact the st Beyond use of streets. The Barot  Wayne State's main campus. Rid  Have local neighborhood groups/t  Indicate what steps you have or will	omnunte arrounding com ideur will have it ers will be on the ousinesses appro-	[X] Armed  ATHON & COMM  munity (i.e. pedestrian tra- little impact on pedestrian in e routes, with public safety oved your event?  them of your event; Vario	UNITY INTPAC  fic, sound carryover, sal  affic, sound carryover, et  escort, from 7 a.m. to ro  Yes  us communities will be r	fety)?  Ic. as the event start/finish takes place  ughly 2 p.m.  No  notified of our event via US Mail. We w
[X] License  Section 7- CC  How will your event impact the su Beyond use of streets, The Barou  Wayne State's main campus. Rid  Have local neighborhood groups/t  Indicate what steps you have or we  correspond with affected neighborhood	on MNUNIC arrounding com idear will have it ars will be on the pusinesses appro-	[X] Armed  THON & COMM  munity (i.e. pedestrian training in the impact on pedestrian in the routes, with public safety oved your event?  Them of your event: Various decommunity arganizations  Section 8- EVEN	UNITY INTPAC  fic, sound carryover, sal  affic, sound carryover, et  escort, from 7 a.m. to ro  Yes  us communities will be r	fety)?  Ic. as the event start/finish takes place  ughly 2 p.m.  No  notified of our event via US Mail. We w
Export T- CC  How will your event impact the st Beyond use of streets. The Barot.  Wayne State's main campus. Rid  Have local neighborhood groups/t  Indicate what steps you have or with  correspond with affected neighborhood.  Complete the appropriate categories.	MINIUNIC  arrounding composed will have it  businesses approximately to a composed and apply to a  cest that apply to a	[X] Armed  ATION & COMM  munity (i.e. pedestrian training in the impact on pedestrian in the routes, with public safety oved your event?  Them of your event: Various decommunity organizations  Section S- EVENT	UNITY INTRACTOR OF THE PROPERTY OF THE PROPERT	fety)?  Ic. as the event start/finish takes place  ughly 2 p.m.  No  notified of our event via US Mail. We w

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		Phone:
City/State/Zip		
		0. 41.1.
	How Many? N/A	Size/Height
Booth	N/A	
Tents (enclosed on 3 sides)		10x10; for rest stops anacks
Canopy (open on all sides)	4 (Belle Isle, USCIS) N/A	וארוט, ונו ובפנ פנטףם מוסבאס
Stoging/Scaffolding	N/A	
Bleachers	WA	
THE RESERVE	Section 9- COMPLET	E ALL THAT APPLY
nergency medical services? Ha	rt Medical EMS	
ontact Person: Adam Gottlieb, CE		
mergency medical services? Ha ontact Person: Adam Gottleb, CE ddress: 1836 W. Fort Street ity/State/Zip: Detroit, MI 48216		
ontact Person: Adam Gottlieb, CE ddress: 1836 W. Fort Street	O, Hart Medical EMS	
ontact Person: Adam Gottlieb, CE ddress: 1636 W. Fort Street ity/State/Zip: Detroit, MI 48216  ame of company providing port- ontact Person: Sara Thomas	O, Hart Medical EMS	Phone: 734-482-7633
ontact Person: Adam Gottlieb, CE ddress: 1836 W. Fort Street ity/State/Zip: Detroit, MI 48216	O, Hart Medical EMS	Phone: 734-482-7633
ontact Person: Adam Gottlieb, CE ddress: 1836 W. Fort Street ity/State/Zip: Detroit, MI 48216  ame of company providing port- ontact Person: Sara Thomas ddress: 2876 Tyler Road	O, Hart Medical EMS	Phone: 734-462-7633
ontact Person: Adam Gottlieb, CE ddress: 1836 W. Fort Street dty/State/Zip: Detroit, MI 48215  ame of company providing port- ontact Person: Sara Thomas ddress: 2876 Tyler Road ity/State/Zip: Ypsilanti, MI 48198	O, Hart Medical EMS	
ontact Person: Adam Gottlieb, CE ddress: 1836 W. Fort Street dty/State/Zip: Detroit, MI 48215  ame of company providing port- ontact Person: Sara Thomas ddress: 2876 Tyler Road ity/State/Zip: Ypsilanti, MI 48198	O, Hart Medical EMS	
ontact Person: Adam Gottlieb, CE ddress: 1836 W. Fort Street dty/State/Zip: Detroit, MI 48216  ame of company providing port- ontact Person: Sara Thomas ddress: 2876 Tyler Road dty/State/Zip: Ypsilanti, MI 48198	O, Hart Medical EMS	

# SPECIAL USE REQUESTS

		ay, date, and time of requested closing and reopening. icades are not available from the City of Detroit.
Will there be street closures? If yes, please complete the street of	☐ Yes ☑ No losure information below and attach a ma	p or sketch of the proposed area for closure.
STREET NAME: No street	closures requested. Route ma	ps attached.
FROM:	TO:	The second secon
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		_
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	TO:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	
STREET NAME:		
FROM:	то:	
CLOSURE DATES:	BEG TIME:	END TIME:
REOPEN DATE:	TIME:	

PLE.	ASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:
1)	CERTIFICATE OF INSURANCE
2)	EMERGENCY MEDICAL AGREEMENT
3)	SANITATION AGREEMENT
4)	PORT-A-JOHN AGREEMENT
5)	COMMUNITY COMMUNICATION
Ple	ase see attached letter of explanation.
-	
б	

# **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

#### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please	e Print)
---------	----------

Event Name: The Baroudeur	Event
Date: August 17, 2019	
Event Organizer: Wayne State University	7
Applicant Signature:	



January 14, 2019

Bethanie Fisher Special Events Coordinator City of Detroit – Media Services 2 Woodward Ave., Ste. 333 Detroit, MI 48226

Dear Ms. Fisher:

I am writing on behalf of Wayne State University (WSU) for approval for rider participants to access public rites of way throughout the City of Detroit for the fifth annual Baroudeur, Saturday, August 17, 2019. With this in mind, I have attached a completed "City of Detroit Special Events Application" on behalf of WSU.

The Baroudeur, an initiative of Wayne State University **President M. Roy Wilson**, is a non-competitive activity that gives riders of all abilities a chance to explore the Detroit and surrounding areas while cycling. More importantly, the event raises scholarship dollars to help students in financial need. The event also supports the League of Michigan Bicyclists by participating in their \$1 Per Rider Program, which helps promote cycling safety across the state. The Baroudeur, which showcases some of our area's most noteworthy locations, gives participants a firsthand-view of the striking transformation taking place in Detroit. In turn, we hope that our riders encourage others to explore Detroit's iconic treasures.

The 2019 Baroudeur follows overwhelmingly successful events in 2015, 2016, 2017 and 2018. Nearly 1,000 riders toured metro Detroit along four courses during the inaugural event in 2015. Thanks to help from roughly 20 organizations and sponsors and nearly 300 volunteers, the rides in 2016, 2017 and 2018 ended without major incident or injury. We look forward to another successful and impactful event that nets positive results.

# About the ride

Riders can choose from 20, 37, 62 and 100-mile distances to ride. The routes begin and end on Wayne State's main campus and will carry riders through parts of Detroit and various other communities. Riders along each course will enjoy routes through Midtown, Downtown, Belle Isle, the iconic Woodward Avenue, Palmer Park and other historic neighborhoods, gaining appreciation for Detroit's remarkable past, exciting present and promising future.

#### Event impact

Armed with lessons from the past four years, we expect the Baroudeur's trek through Detroit will produce minimal disruption to traffic flow. Our experience with past events and our partnerships with law enforcement and regional governing bodies will aid us in reaching our goal of an incident-free ride for the 800-1000 riders we anticipate. As in past years, no street closures are required for the routes, which will be marked by temporary signage.

# Rider responsibility

In making these plans, we emphasize to riders that they will share roads with other vehicles and that they are subject to all traffic laws governing public roads, including stop signs, stoplights and proper lane usage. For your reference, I have attached details of the four routes.

# Public safety

Though our riders will assume the risks associated with bicycling, we are placing rider safety among our highest priorities. With this in mind, we will again work closely with the **Detroit Police Department (DPD)** and the **Wayne State University Police Department (WSUPD)** to develop and implement safety measures for each of the proposed routes. The safety plan for the **Baroudeur** is passed on DPD's and WSUPD's previous experiences with this and similar cycling events. Wayne State will enlist assistance from various other law enforcement agencies along the planned routes.

# First aid and emergency medical support

Hart Medical EMS will coordinate first aid services, emergency medical response and medical transport. Hart will refine and implement a plan that follows closely the successful strategies used for the past four years. Our goal is to deliver a secure finish for every rider.

Hart Medical has extensive experience supporting large-scale and high-visibility special events in Southeast Michigan and is a leading provider of on-site medical care and ambulance services for social, sporting, and cultural events of all sizes. With over three decades of experience, Hart services venues and events including amphitheaters, concerts, convention centers, corporate events, fairs, festivals, movie shoots, parks, performing arts centers, sporting events, trade shows and other events. Hart is an authorized city of Detroit 911 provider.

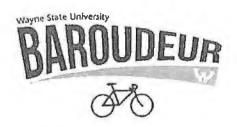
#### <u>Other</u>

We hope that this letter, the supporting documentation and your previous experience with our working group gives you and the Special Event Management Team the confidence you need to grant the Baroudeur your enthusiastic endorsement. On behalf of Wayne State, I want you to know that we look forward to collegial and productive efforts with each of our working partners, including the City of Detroit.

In closing, we invite you, your colleagues and your neighbors to participate in the event, which offers riders refreshments along the route, a limited edition Baroudeur t-shirt and admission to a festive post-ride lunch on Wayne State's campus. For details about event registration, please visit <a href="mailto:baroudeur.wayne.edu">baroudeur.wayne.edu</a>. If you need additional information, you can reach me by email at <a href="mailto:mlockwood@wayne.edu">mlockwood@wayne.edu</a> or directly by phone at 313-577-9098.

Sincerely,

Matt Lockwood Ride Director The Baroudeur



# 2019 RIDE SNAPSHOT

The Baroudeur is a fun, noncompetitive cycling event that gives riders of varying abilities an opportunity to explore Detroit and its surrounding areas on two wheels while helping economically disadvantaged students pursue higher education.

# Event date

Saturday, August 17, 2019

# Ridership

Roughly 1,000 riders expected for 2019.

# Cost of participation

The base registration fee is \$65, through June 19; \$75, June 20 – July 19; \$85, July 20 – August 14. Registration closes at 11:59 p.m. on August 14.

# Ride groups

Four ride choices will be offered for 2019: 20 miles, 37 miles, 62 miles (*Metric Century*), 100 miles (*Century*).

# Ride schedule

Ride groups will depart Wayne State's main campus along the following schedule:

Ride start	Ride group	2019 projection*
7 a.m.	100-mile group	150
8:30 a.m.	62-mile group	165
8:30 a.m.	37-mile group	160
10 a.m.	20-mile group	325

<sup>\*</sup>Projection based on 800 riders

# Routes

With the exception of the second halves of the 62-mile and the 100-mile routes, the routes will remain largely unchanged from 2018, with the four routes passing through Midtown, Downtown, Belle Isle, four of the five Grosse Pointes and Palmer Park. Rather than routing through the Downriver communities and Grosse Ile as in the past, the updated 62- and 100-mile routes now stretch west and includes Hines Drive to Livonia.

# Rest stations

Four official rest and refreshment stations will be established along the Baroudeur routes. The rest stations will offer an assortment of liquid refreshments and high-carbohydrate snacks. All food and drink items will be prepackaged or self-service.



Rest stations also will be equipped with portable restrooms, 10' X 10' canopy tents, tables, chairs and sanitation supplies. Medical volunteers also will be at each rest station.

- Stop 1: Belle Isle, Riverbank Drive, 9.5 miles, Detroit
- Stop 2: USCIS Office, Jefferson at St. Jean, 30 miles, Detroit
- Stop 3: Twelfth Precinct, Detroit Police Department, 45 miles, Detroit
- Stop 4: Nankin Mills Recreation Area, Hines Drive, 66 and 82 miles, Westland

# Traffic management

Working jointly, the Wayne State University Police Department (WSUPD) and Detroit Police Department (DPD) will develop and implement traffic control and safety measures that may include rolling enclosures and other rider safety tactics at traffic intersections and as otherwise needed.

# Emergency medical support

Three emergency medical vehicles will be stationed along the course at strategic locations and designated for exclusive service to the Baroudeur. The dedicated vehicles will provide direct medical support to event participants; where necessary, the emergency medical service provider will coordinate additional emergency medical support as needed.

# Rider support

Roving medical support will be assigned to the routes to help detect and remedy minor injuries and instances of rider distress.

A system of course signage, road markings and volunteer presence to give riders course directions, enhance rider safety and improve course visibility. In addition, a network of event volunteers and route marshals will be led by five volunteer-captains. Among various other duties, the volunteers and captains will play a prominent role in ensuring rider safety, with particular regard to injured or otherwise distressed riders, potentially hazard road and traffic conditions.

# Affected communities

The Baroudeur is enjoyed along a unique urban course that originates on Wayne State's main campus and to features some of the Detroit area's most distinguished historic and scenic attractions in several area communities.

- Detroit
- Belle Isle
- Dearborn
- Dearborn Heights
- Grosse Pointe Park
- Grosse Pointe
  - Grosse Pointe Farms
  - Grosse Pointe Shores
- Highland Park
- Livonia
- Plymouth
- Westland

# Communications

Event communications will include: email, website, social media and event flyers. All communications will be produced and distributed by Wayne State University. Event organizers will actively seek media placement opportunities with local television, radio and newspaper outlets.





# 2019 TRAFFIC MANAGEMENT AND RIDER SAFETY SUMMARY

# A. Public safety

Overall Public Safety efforts are coordinated by the Wayne State University Police Department (WSUPD), with significant collaboration with the Detroit Police Department (DPD) to ensure that The Baroudeur is free of significant traffic and other incidents. WSUPD will mobilize a significant portion of its available manpower to support the event. DPD will activate manpower as needed, per the scale and scope of the event. Other agencies, such as the Wayne County Sherriff's Department and the Michigan State Police will provide ancillary services as requested by WSUPD.

Police and Public Safety departments in host communities outside the City of Detroit will dispatch manpower as deemed necessary by each individual law enforcement agency.

# B. Traffic and safety

- 1. Assumption of risk: The Baroudeur will be conducted over public roads and other facilities that are open to the public during the activity and upon which the hazards of traveling are to be expected. By signed, written waiver mandatory for participation in the event, riders agree to follow all applicable rules of the road for cyclists and acknowledge the Inherent dangers and risks associated with bicycling. As such, each rider assumes responsibility for such dangers and risks.
- 2. Rolling traffic enclosures: WSUPD and DPD will Implement Intermittent traffic controls along the route by way of rolling enclosure for riders in the 20, 37, 62 and 100-mile rides. The enclosures will allow the ride to move along the course while minimizing disruption to the traveling public. Where ride groups are diffused widely, WSUPD and DPD will make on-road adjustments to traffic control methods.
- 3. Enclosure elements: Each of the four rolling enclosures will include at least two escort vehicles, traveling at an appropriate distance in front of and behind the pelotons. The lead escort vehicle shall stay in front of the lead rider in the race, while the follow escort vehicle shall remain behind the main peloton. Riders who travel ahead of the lead escort vehicle or drop behind the follow escort vehicle shall obey all applicable rules of the road for cyclists and assume all risks of participation. Rolling enclosures may integrate additional escort vehicles and stationed officers as made necessary by rider volume and anticipated traffic conditions.



4. Additional elements: WSUPD will assign officers from its Bicycle Patrol Unit (BPU) to the four ride distances. Generally, members of the BPU will be available to aid in heightening awareness of Michigan bicycle laws, contribute to the overall safety and security of event participants and to provide other police functions where appropriate and necessary. Final placement and function of said officers will be at the discretion of WSUPD, commensurate with ride conditions. In addition, WSUPD will assign to the ride members of its Motorcycle Patrol Unit, who may operate in support of rolling enclosures as needed.

# C. Emergency medical support

- 1. Provider: Hart Medical EMS will coordinate first aid services, emergency medical response and medical transport along the route. Hart Medical has extensive experience supporting large-scale and high-visibility special events in Southeast Michigan and is a leading provider of on-site medical care and ambulance services for social, sporting, and cultural events of all sizes in our region. With over three decades of experience, Hart services venues and events including amphitheaters, concerts, convention centers, corporate events, fairs, festivals, movie shoots, parks, parties, performing arts centers, sporting events, trade shows, and weddings. Hart provides ambulance service on a regular basis, and is an authorized city of Detroit 911 provider.
- 2. Through a network of partnerships and alliances, the vendor of choice will provide direct emergency medical support and coordinate additional emergency medical services. As appropriate, the vendor also will manage and coordinate rider transportation to medical care facilities, either directly or through its partnerships. The vendor will dedicate three emergency vehicles for exclusive service to The Baroudeur:
  - Ambulance #1
    - Stationed at Start/Finish line on WSU main campus
    - Coverage area: south to downtown area; northern portion of route Palmer Park; Southwest Detroit if needed.
  - Ambulance #2
    - Stationed along Jefferson Ave. near Burns St.
    - Coverage area: Belle Isle and northeast stretch of route into the Grosse Pointes.
  - Ambulance #3
    - Stationed along W. Outer Drive. near River Rouge Park. (Livonia)
    - Coverage area: from Southwest Detroit portion of route to Plymouth.



# D. First-aid

- 1. Nature of support: Roughly 20 medical volunteers will be recruited and mobilized for the event. First-aid volunteers will be stationed at the Start/Finish lines, and at each of the five designated rest areas.
- 2. Roles and responsibilities: Medical volunteers will provide first aid services for such ailments as minor cuts, scrapes and bruises. Medical volunteers also will monitor riders for signs of physical distress, evaluate participants' needs for escalating care, and contact the UCP to mobilize available resources.
- 3. Qualifications: First-aid volunteers shall be qualified as licensed practitioners in a recognized medical field or be actively receiving for such medial training. Where volunteers are medical or nursing students, their activities shall be supervised by a licensed practitioner.

# E. Command and control (Communications)

- Safety Command Center (SCC): Overall command and control will be under the
  purview of WSUPD and stationed in WSUPD headquarters at 6050 Cass Ave,
  Detroit, MI 48202 on WSU's main campus. SCC's internal, event-related
  communications will take place via 800 MHz radio frequency arranged through the
  Michigan Public Safety Communication System (MPSCS). WSUPD will coordinate
  communications with other providers of public safety services, Including EMS
  services and police departments and the on-campus Event Communications Post
  (ECP).
  - a. The SCC will receive reports of incidents directly from riders, event officials or event volunteers via the WSUPD emergency phone number, (313) 577-2222.
  - b. The SCC will review the facts of any reported incidents or situations to determine if additional response or actions are appropriate.
  - c. The SCC will mobilize emergency response resources as appropriate, and monitor the status of response activities.
  - d. The SCC may also receive and route requests for disabled bicycles and other support and gear issues.
- 2. Event Communications Post: The ECP will serve as the communication hub for various non-emergency event functions.
  - a. Volunteer management
  - b. Support and gear
  - c. Rest station usage and supplies
  - d. Rider progress
  - e. First-aid response
  - f. Various other special event operations



3. Other ECP functions: In addition, the ECP will transmit information to the SCC and emergency medical dispatch as appropriate. The ECP will operate using digital two-way radio devices supported by the MOTOTRBO communications network. The network will provide communications capabilities between any two points along the four routes. Communications regarding varied functions will be performed on channels assigned specifically to each function.

# F. Sanitation

The Wayne State University Grounds and Custodial Services will collect refuse and garbage.

# G. Porta-Johns

Parkway Services, of Ypsilanti, will be contracted to provide porta-johns for rest stops as appropriate. Restrooms in campus buildings near the event will be accessible.



# 2018 BAROUDEUR 20-MILE CUE SHEET

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall		0
Right onto Kirby Mall		D
Right onto Cass Avenue	0.1	
Proceed on Cass Avenue 2.3 miles	2.3	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
eft onto Larned St W .5 miles	2.6	41
eft onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	The special section of the section o
Continue on MacArthur Bridge	5.9	
Continue on Sunset Drive	6.3	
Continue on Casino Way	6,5	
Continue on Central Way 1.9 miles	6.6	
eft onto Lakeside Street	8.5	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle
Continue on MacArthur Bridge	10.7	
Continue on East Jefferson Avenue 2 miles	11.4	
Proceed onto East Jefferson Avenue	13.4	
eft onto St, Jean Ave.	13.4	
eft onto Kerchaval Street	13.6	
Proceed on Kercheval Street 2.1 miles	14	
Right onto Mount Elllott Street	16.1	
Proceed on Mount Ellott Street .9 miles	16.1	
eft onto E. Warren Avenue	17.5	
Continue on East Warren Avenue 1.8 miles	17.5	
Right on Saint Antoine	19.1	
eft onto East Palmer Avenue	19.5	
eft onto Cass Avenue	20.1	
Right onto Kirby Matt	20.2	
eft onto Gullen Mall	20,3	
Arrive at Finish	20.4	on to could not me in the int.

# 2018 Baroudeur 37-MILE CUE SHEET

# DISTANCE (miles)

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37-MILE CUE SHEET DIRECTION	0	
Start - Gullen Mall		niles) NOTES
	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaublen Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional
Continue on MacArthur Bridge	11.8	
Veer right onto East Jefferson Ave.	11.8	
Left onto St. Jean (Connor Creek Gateway)	14.5	
Rest Station 2 (11411 E Jefferson Ave, Detroit, MI 48214 )	14.5	US Citizenship and Immigration
Continue on St. Jean (Conner Creek Gateway)	14.5	
Left onto Kercheval Street	14.7	
Proceed onto Kercheval Street 1.8 miles	16.5	
Right onto Mount Elliott Street	17.2	
Left onto East Warren Avenue	18.6	
Right onto Saint Antoine Street	20.2	
Left onto East Palmer Avenue	20.6	
Right onto Brush Street	20.8	
eft onto Holbrook Street	22.3	
/eer left onto Hazelwood Street	22.5	
Right onto 2nd Avenue	22.7	
eft onto West Chicago Boulevard	23.1	
Right onto Hamilton Avenue	23.4	
Proceed onto Hamilton Avenue, Name changes to Pontchartrain.	25.6	
Right onto West 7 Mile Road	27.2	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MJ 48203)	27.6	Detroit Police Dept., 12th Precinct
Right onto Woodward Avenue	27.8	Delicit Foliae Dapit, Felt Fleditor
Right onto West Boston Boulevard	31.2	
Right onto Hamilton Avenue	31.7	
eft onto Calvert Street	31.9	
Proceed onto Calvert Street	32.0	
eft onto 14th Street for 2.7 miles	32.5	
eft onto West Forest Avenue	35.2	
eft onto Anthony Wayne Drive (Third Ave.) for 0.5 miles.	36.1	
Right onto Ferry Mall (W. Ferry Ave.)	36.6	
Right onto Gullen Mall	36.7	
Arrivo at Finish	36.8	

# **2019 BAROUDEUR**

# **62-MILE CUE SHEET**

DIRECTION	DISTANCE	NOTES
Start - Gullen Mail	0	The state of the s
Right onto Kirby Mall	Ö	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Lamed St W .5 miles	2.6	
Left onto Beaubien Street	3,1	
Right onto Lafavelte Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the Island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional for 62 mile
Continue on MacArthur Bridge	11.8	Service to Ca Time
Proceed on East Jefferson Avenue name changes to Lake Shore Road	11.8	
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Lett: U-TURN onto Lake Shore Road	19.1	Turnaround in Grosse Pointe Farms, 4th turnarund after Newberry PI, at St Paul antrance
Proceed on Lake Shore Road name changes back to Jefferson 4.8	23.7	
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Rest Station 2 (11411 E Jefferson Ave. Detroit, Mt 48214 )	23.9	US Citizenship and Immigration
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eft onto E. Warren Avenue	29.4	
Continue on East Warren Avenue	29.4	
Right on Saint Antoine	29.8	
eft on East Palmer	30.0	
Right onto Brush Street	30.9	
eft onto Holbrook/Hazelwood across Woodward	31.7	
Right onto 2nd Avenue	31.9	
elt onlo West Chicago Boulevard	32.6	
Right onto Hamilton Avenue which becomes Penchadrain	32.7	
1.3 miles		
Right onto West 7 Mile Road	37.0	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MI 48203)	37.2	Detroit Police Dept., 12th Precinct
Right onto Woodward Ave	37.4	
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eft onto Woodrow Wilson Street	41.1	
Right onto West Chicago Boulevard	41.3	
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Right onto Joy Road	44.1	
Right onto Northlawn Avenue	44.8	× × 40°11 · · · · · · ·
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Right onto Oakman Boulevard	45.2	
eft onto West Chicago Street	45.6	
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Right onto 14th Street	59.6	
eft onto West Forest Avenue	60.7	<u> </u>
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	DETROIT, MI 48226						
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This endorsement modifies coverage provided under the following:

# M.U.S.I.C. GENERAL LIABILITY COVERAGE CONTRACT

# COVERAGE FOR PERSON, ENTITY OR ORGANIZATION (COVERED PARTY) UNDER A COVERED CONTRACT

# A. Coverage

SECTION II - WHO IS COVERED is amended to include any person, entity or organization (hereinafter referred to as a Covered party) for Bodily Injury, Personal Injury, Advertising Injury or Property damage covered under this General Liability Coverage Contract that occurs during the Coverage Period but only with respect to a Covered contract and only where you have agreed in writing to include the Covered contract and Covered party for such coverage. Coverage by this endorsement to the Covered party is limited to:

- 1. Liability arising out of a covered Occurrence that is caused, in whole or in part by you or on your behalf by your agents or subcontractors; and
- 2. The extent of coverage and Limits of Liability as stipulated in the Covered contract. However, such coverage and limits shall not increase our Limits of Liability as stated in Section III LIMITS OF LIABILITY or after any of the terms of coverage stated in this General Liability Coverage Contract. Further, our payment obligation shall not exceed the lesser of:
  - a. The Limits of Liability stated in SECTION III LIMITS OF LIABILITY and as shown in the Declarations; or
  - b. The limits(s) of coverage stipulated in the Covered contract applicable to general liability coverage.

The Covered contract must be effective and executed prior to a covered Occurrence.

#### B. Exclusions

The following exclusions apply to this endorsement and are in addition to those exclusions stated in the General Liability Coverage Contract or as amended by endorsement:

- This insurance does not apply to Bodily Injury, Personal Injury, Advertising injury or Property damage arising out of, resulting from, caused by or contributed to by:
  - a. Sole negligence by the Covered party or anyone else acting on the Covered party's behalf.
  - b. An Occurrence which takes place after the cancellation date of the General Liability Coverage Contract or cancellation date of this endorsement, or by termination or ending by either party of the Covered contract, whichever occurs first.

# C. Limits of Liability Application

Any payment obligation by us under this endorsement involving a Covered contract that is a result of a covered Occurrence taking place during the coverage period will be subject initially to the Annual Aggregate Loss Retentions shown in the Declarations and also subject to the applicable limits of liability set forth in paragraph A.2 (Coverage) of this endorsement. Nothing in this endorsement creates any additional, supplemental or separate limits of liability under this General Liability Coverage Contract.

#### D. Conditions

The following conditions apply to this endorsement and are in addition to those conditions stated in the General Liability Coverage Contract or as amended by endorsement.

- If we cancel the General Liability Coverage Contract (including this endorsement) or only cancel
  this endorsement prior to the General Liability Coverage Contract's expiration date <u>and</u> where
  specifically stipulated in the approved Covered contract, we agree to provide the Covered party
  to the Covered contract advance written notice of such cancellation based on the number of days
  specified therein.
- 2. The coverage provided by this endorsement is primary to, and on a non-contributory basis with, any other available coverage to the Covered party.
- 3. The Covered party must give us prompt written notice of an Occurrence involving the Covered contract that may result in a claim or Suit. Any ensuing claim or Suit must include and be brought against both the Covered party and us. We will have the right and duty to conduct and control the legal defense for the Covered party named in the claim or Suit. Our defense of and any payment obligations for a claim or Suit will be subject to the terms and conditions set forth in General Liability Coverage Contract or as amended by endorsement.
- 4. The Covered party must cooperate with us during the handling of the potential claim, claim or Sult involving a Covered contract.
- 5. You must retain a written copy of the Covered contract.

# Form W-9 (Rev. November 2017) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line	do not leave this line blank.							
	Wayne State University								
	2 Business name/disregarded entity name, if different from above						-		
page 3.	3 Check appropriate box for federal tax classification of the person whose r loikowing seven boxes.		•		certi	kemption un entitions o	es, not i	individ	ly only to upla; see
e. ns on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ S Corporation ☐ S Corporation	on L Partnership L	Trust/est	ale	Exen	eysg Jon	e code (	(if any)	1
\$ 5	Limited flability company. Enter the tax classification (C=C corporation	. S=S corporation, P=Partnership	) <b>&gt;</b>	- 1					
Print or type. Specific Instructions on page 3.	Note: Check the appropriate box in the line above for the tax classifical LLC if the LLC is classified as a single-member LLC that is classified as a single-member LLC that is classified another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate bay for the	tion of the single-member owner I from the owner unless the owner purposes. Otherwise, a single-n	Do not cl	Cis		nption in (if eny)	om FAT	CA raj	porting
S		c University 501(c)(3)		-	Monte	1 th seens	de incompanie	Court do relat	de Me U.S.)
8	5 Address (number, street, and apt, or suite no.) See instructions.		quastor's n						C4 F4 D, 57
See		1	denards with	MINE BI	10 40	Cross (D	monaq		
or.	5700 Cass Avenue, suite 4100 AAB 6 City, state, and ZIP code								
The state of	Detroit, MI 48202								
	7 List account number(s) here (optional)								
Par									
Enter	your TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to avoid		a) secu	erity r	number			
	p withholding. For individuals, this is generally your social security m nt alien, sole proprietor, or disregarded entity, see the instructions fo							1	
	s, it is your employer identification number (EIN). If you do not have				-				
TIN, la	ter,		or		-		_		
	If the account is in more than one name, see the instructions for line	1. Also see What Name and	Empl	loyario	denth	deation.	number	r	
Numb	er To Give the Requester for guidelines on whose number to enter.							T	T
			3	8 -	6	0 2	8 4	4 2	9
Part	III Certification							-	
	penalties of perjury, I certify that:			_					
	number shown on this form is my correct texpayer identification nur	pher for I em weiting for a ou	mhoz to h	o Innu	art tr	malia	ad		
2. I am Sen	not subject to backup withholding because: (a) I am exempt from b fice (IRS) that I am subject to backup withholding as a result of a fall onger subject to backup withholding; and	ackup withholding, or (b) I ha	ve not be	en noi	lified	by the	Interna	ıl Rev me ti	enue hat I am
3. Lam	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exer	unt from FATCA reporting is	correct						
	pation instructions. You must cross out item 2 above if you have been			and to			-61.10		
you ha	see failed to report all interest and dividends on your tax return. For real et tion or abandonment of secured property, cancellation of debt, contribu- nan interest and dividends, you are not required to sign the certification,	state transactions, Item 2 doe:	s not apply	y. For	morte	gage int	erest p	ald,	ante.
Sign Here	Signature of Kenneth Dokesty	Date	► 1-l	09-20	)1R				
Gor	eral Instructions	• Form 1099-DIV (dividen				from et	neke o	r mut	land
		funds)					June U	mun	uu4
Section noted.	n references are to the Internal Revenue Code unless otherwise	<ul> <li>Form 1099-MISC (vario proceeds)</li> </ul>	us types (	of inco	me,	prizes,	awards	s, or (	gross
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	Form 1099-B (stock or transactions by brokers)	mutual fui	nd sale	89 ar	nd certe	In othe	ır	
atter th	ey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proceeds	from real	l estat	e Irai	naectio	nel		
Pure	ose of Form	• Farm 1099-K (merchant						nactic	vae)
An Indi	vidual or entity (Form W-9 requester) who is required to file an itlion return with the IRS must obtain your cornect taxpayer	<ul> <li>Form 1098 (home morts 1098-T (tuition)</li> </ul>	gage Inter	est), 1	098-	E (stud	ant los	n inte	rost),
	cation number (TIN) which may be your social security number	• Form 1099-C (canceled	debt)						
(SSN).	Individual taxpayer identification number (ITIN), adoption	<ul> <li>Form 1099-A (acquisition</li> </ul>	n or aband	donme	mt of	secure	d prop	erty)	
(EIN), I	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other transfer and information pairs. Francisco of Information	Use Form W-9 only if you alien), to provide your cor	ou are a U						nt
returns	t reportable on an information return. Examples of information include, but are not limited to, the following.  1099-INT (interest earned or paid)	If you do not return Fort be subject to backup with later.	n W-9 to	the red Seo W	ques hat li	<i>ter with</i> s backu	a TIN, p with	you r holdir	might ig.
		igrot.							

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be Issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If appFcable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- . An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for pertnerships. Partnerships that conduct a trade or buriness in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, If you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person, If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9, Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Equities)

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income aven after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident allen who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income-received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the Ilist Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tex on his or her scholarship or fellowship income would attach to Form W-9 a statement that Includes the information described above to support that exemption.

If you are a nonresident elien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

# **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, roots, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TiN to the requester,
- 2. You do not certify your TIN when required (see the instructions for Part II for details).
- 3. The IRS tells the requester that you furnished an Incorrect TIN,
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

#### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the instructions for the Requester of Form W-9 for more information.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

# **Penalties**

Failure to furnish TIN. If you fall to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal ponalty for falsifying information, Willfully falsifying certifications or affirmations may subject you to criminal penalties including lines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of lederal law, the requester may be subject to civil and criminal penalties.

# **Specific Instructions**

# Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a, Individual, Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or OBA name on line 2.
- e. Disragarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301,7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax roturn on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TiN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box on line 3 for the U.S. faderal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
<ul> <li>Individual</li> <li>Sole proprietorship, or</li> <li>Single-member limited liability company (LLC) owned by an individual and disragarded for U.S. federal tax purposes.</li> </ul>	Individual/sole proprietor or single- member LLC
<ul> <li>LLC treated as a partnership for U.S. federal tax purposes,</li> <li>LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</li> <li>LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is</li> </ul>	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
not disregarded for U.S. federal tax purposes.	
Partnership	Partnership
Trust/estate	Trust/estate

# Line 4, Exemptions

if you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exampt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to atternoys' fees or gross proceeds paid to atterneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exampt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any iRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- $4\,\text{--}A$  foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above. 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000'	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempl payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any incividual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A degler in securities, commodities, or derivative financial instruments fincluding notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

# G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the lax year under the investment Company Act of 1940

- I-A common trust fund as defined in section 584(a)
- J-A bank as defined in section 581
- K-A broker

L-A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payes code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top, if a new address is provided, there is atill a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

# Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN helow.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one Immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TiN, apply for a TiN and write "Applied For" in the space for the TiN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TiN and give it to the requester before you are subject to backup withholding on payments. You will be subject to backup withholding on all such payments until you provide your TiN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as Indicated in Items 1 through 5 below.

<sup>&</sup>lt;sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.
   You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TiN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and lishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

# What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account.
Two or more U.S. persons     (joint account maintained by an FFI)	Each holder of the account
Custodial account of a minor     (Uniform Gift to Minors Act)	The minor
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee
<ul> <li>b. So-called trust account that is not a legal or valid trust under state law</li> </ul>	The actual owner'
Sole proprietorship or disregarded entity owned by an individual	The owner
7. Granter trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*
For this type of account:	Give name and EIN of:
Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
Association, club, religious, charitable, educational, or other taxexempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
The state of the s	THE BUILT OF THE TIES

For this type of account:	Give name and EIN of
14. Account with the Department of Agriculture in the name of a public ontity (such as a state or local government, school district, or prison) that receives agricultural program payments	Тhe public ankly
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1,671-4(b)(2)((8))	The trust

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

- <sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for pertnerships, earlier.
- \*Note: The grantor also must provide a Form W-9 to trustee of trust. Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

# Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tex return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- Ensure your employer is protecting your SSN, and
- . Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity that who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS foll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of small and websites designed to minic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity their.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's SSN.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury inspector General for Tax Administration (TIGTA) at 1-800-386-4484. You can forward suspicious emails to the Federal Trade Commission at spim@uce.gov.or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/iditact or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.fdentityTheft.gov and Pub, 5027.

Visit www.irs.gov/identityTheft to learn more about identity theft and how to reduce your risk.

# **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to title Information returns with the IRS to report interest, dividends, or certain other income paid to you, mortgage interest you paid; the acquisition or abandonment of secured property: the cancellation of debt, or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal htigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to tederal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable Interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

2019-02-07

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Petition of Wayne State University, request to hold "Baroudeur" at the City of Detroit (along various public rights of way) on 8/17/19 from 7am - 5pm, Set-up on 8/16 at 9 am til 8/17 at 7am, Tear on 8-17-19

# REFERRED TO THE FOLLOWING DEPARTMENT(S)

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
FIRE DEPARTMENT
POLICE DEPARTMENT BUILDINGS SAFETY
ENGINEERING
BUSINESS LICENSE CENTER